Protection Of Children Involved In Prostitution: Protective Safe House Review

October 2004

Alberta
CHILDREN'S SERVICES

Executive Summary

This report presents the findings of the *Protection of Children Involved in Prostitution (PChIP) Protective Safe House Review.* Summarized in the Executive Summary are the research methods, major research findings, conclusions and recommendations.

The *Protection of Children Involved in Prostitution (PChIP) Act* was enacted in Alberta in 1999 and recognizes that children involved in prostitution are victims of child sexual abuse and require protection. Under the PChIP Act, police or a director of child welfare may apprehend and confine children involved in or at risk of involvement in prostitution in a Protective Safe House for their protection and safety. In March 2001, the legislation was amended to enhance the protection offered to children and ensure their legal rights are safeguarded.

Protective Safe Houses are only one feature of the PChIP Initiative. Voluntary community support programs to assist children and youth at risk of or involved in prostitution are available in communities throughout Alberta.

Objectives and Research Methods of the Review

The *Protection of Children Involved in Prostitution (PChIP) Protective Safe House Review* was undertaken to examine the overall processes and outcomes of the PChIP protective safe houses, as well as to provide background on the issue of the exploitation of children through prostitution.

The review involved the following research activities:

- A literature review providing background on the issue of the exploitation of children through prostitution, as well as an overall review of the PChIP Initiative and the protective safe house component specifically;
- Site visits at each of the three protective safe houses, including file reviews and tours of the sites;
- Interviews with current and former staff of each of the protective safe houses;
- Interviews with nine current and former clients of the protective safe houses;
- A total of three focus groups in Edmonton, Calgary and Lethbridge with community stakeholders; and,
- Analysis of Child Welfare Information System data to provide information on the protective safe house performance measure with respect to client placements upon release from protective safe houses.

Major Research Findings

Major research findings on the protective safe houses and the issue of child prostitution are summarized in the section below.

Findings from Literature on the Exploitation of Children through Prostitution and on PChIP

The literature review undertaken for this report demonstrated a paucity of relevant research specifically dealing with the issue of child prostitution or on the PChIP Initiative. Of available research, findings point to several conclusions with respect to the overall PChIP Initiative and the exploitation of children through prostitution, including the following:

- Once entrenched, children involved in prostitution become increasingly involved with more harmful and addictive chemical substances.
- Children involved in prostitution are commonly assaulted and their sexual activities place them at high risk for developing serious and life-threatening medical conditions.
- The longer children remain involved in prostitution, the more difficult it becomes for them to leave.
- Research demonstrates that the PChIP legislation is a unique contribution to strategies combating the exploitation of children through prostitution. Other jurisdictions have not used non-voluntary facilities such as protective safe houses to specifically deal with the issue of child prostitution. With no similar initiatives and no research on voluntary programs that engage sexually exploited children and youth, reviewing the protective safe houses breaks new ground.
- Critiques of PChIP have focused on the ethics, not the efficacy, of confining children as a means to facilitate protection.

Findings from Focus Groups and Interviews

Client Characteristics

- While protective safe house clients come from a wide variety of backgrounds and demonstrate varying personality traits, clients typically have a number of significant commonalities. Protective safe house clients are usually female, have child welfare status, have been a victim of abuse prior to their involvement in prostitution, and are somewhat or heavily involved in drug and alcohol abuse.
- Of all characteristics, the high rate of client drug abuse prior to entry into the protective safe house has had the most significant impact on programming and services, according to staff. Stays at the protective safe houses are often periods of detoxification for clients. As a consequence, the degree and amount of programming that can be suitably undertaken is limited during the first few days. Drug abuse also impacts client responsiveness and attitude to staff and services, especially in the client's initial one to five day period. However, subsequent to what is often a 5-10 day withdrawal period, the youth generally engage in programming that focuses on drug abuse, sexual health education, 1-1 counselling, and life skills education.

Services at the PChIP Protective Safe Houses

- Protective safe house staff most often deal with clients' immediate human needs (safety, hunger, fatigue, and detoxification) when clients are first admitted to the facility. Subsequent needs to be addressed often emerge after the first few days of confinement.
- The services provided at each of the three protective safe houses (Edmonton, Calgary and Lethbridge) were not uniform, but demonstrated similarities. Trends identified included: resources and education related to drug and alcohol abuse were the prevalent of the education resources accessed by clients at all three sites, and more comprehensive services and resources were afforded to clients with longer stays.
- Services at the protective safe houses are also not uniform for all clients, but are tailored to the needs of each client, where possible. Clients do not always receive the same amount of staff attention based on their individual needs.
- Weaknesses or gaps in services at the protective safe houses were identified by stakeholders and staff. These included problems in maintaining structure in programming, as well as the need for more intensive psychological programming and physical activities of interest to the children.

Extent of Use and Reach of the PChIP Initiative

- PChIP is reaching parts of its target population, but may be missing others. Male children, children involved in underground prostitution through the Internet, and those who may be engaged in non-traditional forms of prostitution such as 'survival sex', were all mentioned by stakeholders and staff as groups that may not be fully reached by the Initiative at present.
- Police and child protection workers may not be using PChIP legislation for apprehensions in suitable cases to the extent that they could, or to the extent that they have in the past.

Impacts of PChIP and the Protective Safe Houses

- Protective safe houses are effective in planting seeds for future changes in some clients, as well as providing the opportunity for safety, information and reflection.
- Most staff and stakeholders considered the change in the PChIP legislation in 2001 to have been positive, as the previous shorter period was usually only sufficient for client detoxification.
- Significant collective impacts have resulted from PChIP and the protective safe houses. Staff and stakeholders noted especially increased exposure and awareness on the issue of child prostitution, decreased availability of children for johns, steering children into appropriate resources, keeping children safe, and building community cooperation among agencies around the issue of child sexual exploitation.
- Clients of the PSHs identified positive impacts including using PSH stays to make positive changes in their lives, and continuing access to resources they had been referred to at the PSH.

There was little agreement with respect to unintended impacts of the protective safe house or of PChIP generally. A number of different points were argued. Some stakeholders and staff felt that the program had forced child prostitution underground or to other provinces. Others, including clients themselves, suggested that protective safe houses facilitated recruitment of children into drugs and prostitution. The perceived failure in dealing adequately with pimps and johns was thought by some to have resulted in some clients distrusting social services. Some staff and stakeholders argued that clients felt that they were being punished rather than helped by the program.

Cost Effectiveness of the Protective Safe Houses

- Cost effectiveness of the protective safe houses was low in comparison to a similar facility (Secure Treatment at Edmonton Yellowhead Youth Centre Campus).). However, this measure is limited due to differences in client populations, staffing needs, and programming for the two programs.
- The major barrier to increased cost effectiveness for the protective safe houses was felt to be the relatively low level of apprehensions, and the consequent under-utilization of staff and low occupancy rates. Occupancy rates for fiscal year 2002-2003 were 55% for the Edmonton protective safe house, and 20% for the Calgary facility. Only 4 PChIP client days were recorded for the Lethbridge protective safe house for that year.

The Performance Measure

- Of clients whose placements could be tracked in available data, 50% showed a reasonable degree of stability of placements in the 90-day period following their last release from the protective safe house, for the calendar year 2002. This number increased to 80% for clients whose stays were between 27-47 days, while clients who stayed 6-26 days were least likely to demonstrate successful levels of stability 90 days after release.
- The performance measure used for the protective safe houses was established to measure the rate of clients returning to parental care or other supports after exiting the protective safe house. This performance measure may not accurately reflect the positive impacts of the protective safe houses. Other measures, such as clients accessing further services after release, may act as a more realistic indicator of success.

Research Conclusions and Recommendations

The protective safe houses have been successful at meeting their objectives of providing protection and safety for the duration of a confinement period; providing emergency care and stabilization during the initial five-day confinement period; completing an assessment during the initial five-day confinement period; and, providing case-specific programming during the first and second 21-day confinement periods. The research undertaken for this review has demonstrated that protective safe houses have positively impacted clients and helped to forge awareness and closer ties between social agencies. Research findings did, however, point to recommendations to assist in the further development of the overall PChIP Initiative, and of the protective safe houses specifically.

Major recommendations that follow from the research findings and conclusions are summarized below.

Recommendations for Education and Apprehensions for the PChIP Initiative

- Preventative education on the topic of child sexual exploitation should be made available and promoted in schools and with parents/guardians. For example, teachers and parents could be educated on the 'warning signs' that their children are at risk or involved in prostitution, and children could be educated on the risks of street behaviour and how to identify if they are at risk of exploitation or are being exploited.
- Child welfare workers and police officers should be provided with routine and comprehensive education on the PChIP legislation. Training updates and information overviews, especially with regard to the processes of apprehension and paperwork, could help to increase awareness and utilization of the Initiative.

- Education and information for those who can make apprehensions, or identify children who should be apprehended, may increase the usage of PChIP legislation and the protective safe houses. This may also increase the overall cost efficiency per client of protective safe houses.
- Examine ways to find children at risk or involved in prostitution who are outside of the traditional street prostitution. PChIP needs to reinvigorate the system of apprehending children outside of female stroll areas. Attention should be further directed at looking at apprehending boys at risk or involved in prostitution, for example.

Recommendations for Programming, Services and Staffing at Protective Safe Houses

- More effort and processes could be implemented to ensure that protective safe houses do not result in the recruiting of children into more 'hardcore' prostitution or drug use. These could include more intensive separation of children at various stages of involvement, and more consistent monitoring of conversations between clients.
- More overall structure should be implemented in protective safe house programming. There should be less reliance on videos, for example.
- More resources and structured activities should be undertaken at the protective safe houses in the area of life skills training.
- More consistent and comprehensive Aboriginal staffing and resources should be available to assist Aboriginal clients, particularly in Edmonton.
- More regular and consistent psychological counselling should be provided with programming.
- One-on-one time should be consistently spent with the clients.
- Allow clients more physical outlets, including organized outdoor activities, if possible.
- For clients experiencing nicotine withdrawal, stop-smoking aids could be consistently made available to help overcome the anxiety of multiple withdrawals/stresses.
- More work could be undertaken in transitioning of clients to their placements following the protective safe houses, in order to reduce the stress for clients of a new placement and to increase the success of client placements.

Recommendations for Increasing Protective Safe House Cost Effectiveness

- Protective safe houses are not functioning at consistently high occupancy rates, although the problem of child prostitution is not widely believed to have been solved in Alberta. Increased cost effectiveness may result from more comprehensive use of the protective safe houses through increased apprehensions and awareness. This would direct clients into the services and programming which are being staffed and made available at the protective safe houses.
- More flexibility of staffing structures could make protective safe houses more cost effective. While potential difficulties and problems arising from combining staff and accommodations for different client groups (such as PChIP clients and Secure Treatment Order clients) should be examined, staffing structures that are flexible in caring for different client groups may allow for staff to remain occupied in periods where few children are apprehended through PChIP.

Recommendations for the Evaluation of PChIP Overall

The findings of the current review have suggested a number of possible issues that could be investigated in more detail in evaluating the overall PChIP Initiative. Possible issues and methods for further investigation in the overall evaluation could include the following:

- Knowledge and use of the legislation among Child Protection Workers and police officers.
- The overall evaluation could broaden its perspective to include more input from social workers and guardians. While the current evaluation sought to obtain the input of clients of the protective safe houses in order to get perspectives on the practices and effects of PChIP, more input could be solicited from sources such as social workers and other guardians (including workers at group homes, residential treatment centres).
- Comparisons of the voluntary components of PChIP could be undertaken to compare their impact with that of the protective safe houses.
- While focus groups of community stakeholders were undertaken for the current review, further community consultations could be done to gather more comprehensive information on the overall impact of PChIP. For example, awareness of the issues of child prostitution among educators and beat police officers could be examined.
- Ongoing monitoring and evaluation protocols could be built into the PChIP Initiative in order to track its ongoing success.

TABLE OF CONTENTS

Section 1: BACKGROUND ON REVIEW FROM LITERATURE REVIEW AND REVIEW METHODOLOGY 1

1.1 Background and Program Description 1
- 1.1.1 History of the PChIP Legislation 1
- 1.1.2 Similar National and International Legislation 2
- 1.1.3 Similar Legislation in Great Britain 3
- 1.1.4 Critiques of the PChIP Legislation Noted in the Literature Review 3

1.2 Evaluation Rationale and Objectives 4

1.3 Research Methodologies 4

Section 2: RESEARCH FINDINGS – PROCESS STAGE 7

2.1 Background on Sexual Exploitation of Children and Adolescents from Literature Review 7
- 2.1.1 Prostitution in Canada 8
- 2.1.2 Sexual Exploitation of Children and Youth through Prostitution 9
- 2.1.3 Factors Associated with Children and Youth's Entry into Prostitution 10
- 2.1.4 Childhood Abuse 10
- 2.1.5 Family Dysfunction 10
- 2.1.6 Leaving Home and Homelessness 11
- 2.1.7 Consequences of the Sexual Exploitation of Children 12
- 2.1.8 Alcohol and Drug Abuse 13
- 2.1.9 Mental Health Concerns 13
- 2.1.10 Health Risks 14
- 2.1.11 Leaving Prostitution 15
- 2.1.12 Programs to Address Child/Adolescent Involvement in Prostitution 16

2.2 Structure and Services of the Protective Safe Houses 17
- 2.2.1 Staffing and Structure of Protective Safe Houses 17
- 2.2.2 Services Delivered at Protective Safe Houses 18
- 2.2.3 Edmonton PSH Services and Resources 18
- 2.2.4 Calgary PSH Services and Resources 19
- 2.2.5 Lethbridge PSH Services and Resources 20
- 2.2.6 Client Services, Information and Resources/Referrals from File Review 21
- 2.2.7 Service Delivery Differences Between Protective Safe Houses 22

2.3 Characteristics of Protective Safe House Clients 23
- 2.3.1 Number of Protective Safe House Clients 23
- 2.3.2 Overall Characteristics of the Protective Safe House Clients 24
- 2.3.3 Impacts of Client Characteristics on the Delivery of Services 25

2.4 Issues and Needs of Clients 27
- 2.4.1 Immediate Needs of Protective Safe House Clients 27
- 2.4.2 Long-Term Needs of the Protective Safe House Clients 28
- 2.4.3 Extent to Which PSH Services Are Tailored to Individual Clients 28

2.5 Other Options for Services 29
- 2.5.1 Secure Treatment 29
- 2.5.2 Voluntary Treatment 29
- 2.5.3 Group Homes 29
- 2.5.4 Drug Treatment Centres 30
- 2.5.5 Other Options 30

Section 3: RESEARCH FINDINGS – OUTCOMES STAGE 31

3.1 Extent to Which the Services Provided By the Protective Safe Houses Are Accessed By the Target Population **31**
- 3.1.1 Extent to Which PChIP is Reaching its Target Population 31
- 3.1.2 Children Being Missed By the PChIP Legislation 31

3.2 Effectiveness of Services at Protective Safe Houses in Addressing Client Needs **32**
- 3.2.1 Overall Effectiveness of Services at Protective Safe Houses in Addressing Client Needs 32
- 3.2.2 Identified Strengths of the Protective Safe House Services 32
- 3.2.3 Current Concerns with Respect to the Protective Safe Houses 33
- 3.2.4 Issues Around Effectiveness of Services at the Edmonton Protective Safe House 34
- 3.2.5 Issues Around Effectiveness of Services at the Calgary Protective Safe House 35
- 3.2.6 Issues of Effectiveness of Services at the Lethbridge Protective Safe House 35
- 3.2.7 Effect of the Change to PChIP Legislation of March, 2001 35

3.3 Collective Impacts of the Protective Safe Houses and of the PChIP Legislation **36**
- 3.3.1 Increased Exposure of the Issue of Child Prostitution 36
- 3.3.2 Less Availability of Children for Johns 36
- 3.3.3 Facilitated Communication between Community Groups 36
- 3.3.4 Services such as the Exit Van and TRAC are Steering Kids into Resources 37

3.4 Unintended Impacts of Protective Safe Houses **37**
- 3.4.1 Forcing Child Prostitution Underground 37
- 3.4.2 Recruitment 37
- 3.4.3 Retaliation 38
- 3.4.4 Moving Child Prostitution to Other Provinces 38
- 3.4.5 Failure to Deal with Sexual Offenders 38
- 3.4.6 Children May Feel Distrust with Social Agencies or Believe that they Have a Criminal Record 38
- 3.4.7 Lack of Resources when Children Turn 18 39
- 3.4.8 Parents or Guardians of Clients Have a Period During Which They Know Their Child Is Safe 39

3.5 Cost Effectiveness of the Protective Safe Houses **39**
- 3.5.1 Cost Effectiveness in Relation to Other Approaches to Providing Services and Protection 39
- 3.5.2 Increasing the Number of Apprehensions to Improve Cost-Effectiveness 40
- 3.5.3 Cost Effectiveness at the Lethbridge Protective Safe House 40
- 3.5.4 Other Methods For Improving Cost Effectiveness 41

3.6 Findings from the PChIP Client Interviews **41**
- 3.6.1 Circumstances of Client Apprehensions 41
- 3.6.2 Client Perspectives on PSH Services and Resources 42
- 3.6.3 Impact of PSHs on Clients 43
- 3.6.4 Additional Support for Children Involved in Prostitution 43
- 3.6.5 Comparisons with Other Mandated Stays 44

Section 4: PERFORMANCE MEASUREMENT OF THE PROTECTIVE SAFE HOUSES ___ *45*

4.1 Description of Data Sources and Methodologies ___ **45**

4.2 Percentage of Protective Safe House Clients that Reconnect With Family or Other Support ___ **46**

4.2.1 Reconnection Rates from Alberta Children's Services' Data ___ 46
4.2.2 Data Analysis Based on All Stays ___ 53
4.2.3 Placement Rates from Staff and Stakeholder Interviews ___ 55

4.3 Recommended Protocol for Collection of Information That Supports the PChIP Performance Measure ___ **56**

Section 5: SUMMARY AND MAJOR CONCLUSIONS ___ *57*

5.1 Summary and Conclusions on the Issue of Child Prostitution ___ **57**

5.2 Summary and Conclusions on the PChIP Initiative ___ **57**

5.3 Major Conclusions on Protective Safe Houses ___ **58**

Section 6: MAJOR RECOMMENDATIONS ___ *61*

6.1 Recommendations for Education and Awareness ___ **61**

6.2 Recommendations for Programming, Services, and Resources for PSH Staff and Clients ___ **61**

6.3 Recommendations for Apprehensions ___ **62**

6.4 Recommendations for Punitive Issues ___ **62**

6.5 Recommendations for Client Files ___ **62**

6.6 Recommendations for Placements, Outreach or Follow-Up ___ **63**

6.7 Recommendations for Cost Effectiveness ___ **63**

6.8 Recommendations for the Overall Evaluation of PChIP ___ **63**

APPENDIX A: KEY STAKEHOLDERS FOCUS GROUP GUIDE
APPENDIX B: CLIENT INTERVIEW GUIDE
APPENDIX C: STAFF INTERVIEW GUIDE
APPENDIX D: FINDINGS FROM ON-SITE FILE DATA REVIEW
APPENDIX E: PROGRAM LOGIC MODEL

Acronym Glossary

The following is a short list of explanations of some of the acronyms used within the report:

AADAC	Alberta Alcohol and Drug Abuse Commission
AMH	Alberta Mental Health
AWOL	Absent Without Leave
CEO	Chief Executive Officer
CFSA	Child & Family Services Authority
CFUW	Community Follow Up Worker
CSS	Catholic Social Services
CWIS	Child Welfare Information System
FAS	Fetal Alcohol Syndrome
FY	Fiscal Year
FT	Full time
ICYHP	Inner City Youth Housing Project
MCFS	Métis Child & Family Services
NGO	Non-Governmental Organizations
PChIP	Protection of Children Involved in Prostitution
PGO	Permanent Guardianship Order
PSH	Protective Safe House
PT	Part time
PTSD	Post Traumatic Stress Disorder
SIL	Supported Independent Living
STD	Sexually Transmitted Disease
TGO	Temporary Guardianship Order
TRAC Outreach	To Reach & Connect Outreach
YMCA	Young Men's Christian Association
YYC	Yellowhead Youth Centre

SECTION 1: Background On Review From Literature Review And Review Methodology

---

1.1 Background and Program Description

This section presents the background for the development of the Alberta *Protection for Children Involved in Prostitution Act (PChIP Act)* and compares the Act to similar policies and legislation from other jurisdictions that address child and youth sexual exploitation.

1.1.1 History of the PChIP Legislation

The Alberta Task Force on Children Involved in Prostitution (1997), chaired by Heather Forsyth, then MLA of Calgary-Fish Creek, was established to review the issue, in part due to the death of a child who had been sexually exploited. Although the *Child Welfare Act* of Alberta does, in spirit, allow social workers and police to intervene to protect a child or adolescent who is at risk because of involvement in prostitution, there was no specific wording to this effect and few age-appropriate services were available in 1997. Further, the extent to which the pre-PChIP child welfare legislation was utilized to protect children involved in prostitution is unclear.

While the Task Force made a number of recommendations with respect to education, health, social support and the legal community, one of its central legacies was the development of the PChIP Act. One focus of the legislation was to provide a continuum of services for children involved in prostitution (including both voluntary and involuntary components). According to the Task Force, the services could include outreach services to connect with youth; a variety of voluntary accommodations such as safe houses or group homes (for those who cannot return home); ongoing support after having made the decision to leave (because of the powerful lure of the streets); and services to support and protect youth waiting to testify against johns or pimps. In addition, the report suggested developing "locked assessment treatment facilities to assist youth who are not willing to leave prostitution but who are a danger to themselves or others" (1997). These locked assessment/treatment facilities are the protective safe houses (PSH) that are the focus of this review.

Other recommendations included increasing the emphasis on connecting youth to their families and identifying and addressing gaps in work and training opportunities for those children that do not do well in traditional educational or training services. The committee recommended that such services be flexible and responsive to the likelihood that exiting the streets is a difficult process for most clients.

The *Protection of Children Involved in Prostitution Act* is the Alberta legislation that was crafted in response to the work of the Task Force. The Act came into force on February 1, 1999. Apparently the first of its kind world-wide, the legislation recognises that children and youth under age 18 exploited by prostitution are victims of child sexual abuse and are, therefore, in need of protection. The *Act* initially allowed children at risk to be detained for a period of up to 72 hours in a protective safe house, where they would be given emergency care and treatment. A challenge to the constitutionality of the Act (*Alberta vs. K.B. and M.J.*, 2000) was upheld, but overturned later following a judicial review of the case (Bittle, 2002). However, in 1999 the Alberta government tabled amendments to the PChIP Act to extend the length of the initial confinement period from three days to a maximum of five days. A process to allow access to legal representation was also developed and child welfare authorities could apply for a maximum of two additional confinement periods of up to 21 days each. The rationale for the extended periods was that it would allow, if necessary, greater time to break the cycle of abuse and to stabilise the child.

The following descriptions of the PChIP legislation and the protective safe houses are taken directly from the PChIP Policy Manual (2001). The PChIP Act provides for specialised services for these children and it deals with prosecuting perpetrators of sexual abuse, who avail themselves of, or live off the avails of, children involved in prostitution (PChIP Policy Manual, 2001). For apprehension under the PChIP legislation, the situation must meet both of the following criteria:

1. The child is in need of protection because the child is engaging in, or attempting to engage in prostitution.
2. The child is unable or unwilling to access community support programs or these programs cannot adequately protect the child.

If these conditions are satisfied, the Act gives police and specifically delegated child welfare workers the authority to apprehend such children and confine them for a period of up to five days to ensure their safety and protection. Judges may order further confinement of the child in a protective safe house for two additional periods of up to 21 days each, to provide programs that may assist the child in exiting prostitution.

The protective safe house is a safe, secure, confined facility that may be locked, or confinement may be achieved through a staffing structure that ensures the safety and security of the child. It is secured from the outside for the child's safety and has restricted access and seclusion; is structured to ensure that children, families and staff in the facility are not placed at risk; supports and promotes family or caregiver contact, access to the child, and active involvement in assessment and planning; has 24-hour staff on constant supervision; and, has flexible hours of operation reflecting the nocturnal lifestyle of children involved in prostitution. Three protective safe houses were developed in Alberta – in Edmonton, Calgary and Lethbridge.

Although critics have typically focused on the protective safe houses as if they were the only feature of the PChIP legislation, it should be noted that protective safe houses are only one element of the PChIP Initiative. Funds have been available for other types of programming in communities that both do and do not have protective safe houses. As such, the protective safe houses should be seen as only one facet, albeit a central one, in a continuum of services for children and youth under 18 who have been sexually exploited through prostitution.

1.1.2 Similar National and International Legislation

1.1.2.1 Similar Legislation in Canada

Other Canadian provinces are contemplating, or have contemplated similar legislation. In British Columbia, the *Secure Care Act* was passed in July of 2000 but was never proclaimed. The website of the Ministry of Children and Family Development (2003) notes that the legislation "will not proceed in its present form…it requires the establishment of an extensive administrative board to adjudicate cases and encompassed a very broad definition of eligible cases." It will be reviewed in the near future and new legislation will be brought forward in 2004/2005.

In Ontario in 2001, Bill 22, the *Protection of Children Involved in Prostitution Act* received first reading as a private member's bill. Saskatchewan also contemplated legislation similar to PChIP, with a private member bringing forward Bill 206, *An Act Respecting the Protection of Children Involved in Prostitution* in 1999. However, the government ultimately decided to amend the provincial child protection legislation, *The Child and Family Services Act*. "As victims of child abuse, children and youth need our support. And forcible confinement is too much like punishment. Enhanced outreach services which co-operatively engage children and youth will be the approach" (Government of Saskatchewan, 1999). Since 1997, the province of Saskatchewan has reportedly contributed $972,000 in new funding to address children and youth at risk, street youth, and children sexually abused through prostitution.

1.1.3 Similar Legislation in Great Britain

The British 1989 *Children Act*, specifically mentioned concerns with respect to children's exploitation through prostitution. Even with specific provisions to protect children involved in prostitution, however, some considered the legislation insufficient. In 1998, Barrett proposed that, "the police, social services and other agencies were failing to carry out this obligation in respect to children engaged in prostitution" (Barrett, 1998). Those between the ages of 16 and 18 were too often treated as adults: arrested, given two mandatory warnings and, on a third occasion, charged and sent to court.

In Britain in 2000, the Department of Health developed a guidance entitled "Safeguarding Children Involved in Prostitution" (Cusick, 2002). This document proposed a collaborative interagency approach and protocol development for both prevention and intervention. To date, there has been no systematic national review of these strategies.

1.1.4 Critiques of the PChIP Legislation Noted in the Literature Review

As Bittle noted in his 2002 review of Canadian policies, initiatives such as PChIP are perceived as efforts to punish in the guise of protection. Further, the youth involved may interpret attempts to "protect" or "help" them as further control. Some perceive similarities between PChIP's PSHs and earlier attempts to criminalize the behaviour of children exploited through prostitution. For example, the Badgley Commission (1984) had recommended that "it was necessary to criminalize young prostitutes in order to keep them from a life or prostitution" suggesting the development of an age-specific (under 18) criminal offence.

Busby (2003) notes that PChIP and similar provincial legislative strategies such as the British Columbia *Secure Care Act* (which also addressed children with severe substance abuse issues) have been criticized for being a "neo-conservative response that treats children involved in prostitution like perpetrators whereas its supporters hold that it is a compassionate response."

Busby commented that most Canadian provinces, Alberta included, have existing child welfare or child and family services acts that define children "in need of protection" as those whose life, health and emotional well-being is in danger. Such legislation allows the apprehension of children in need of protection, as well as granting other powers. Under the child welfare legislation, apprehended children are typically taken to a "place of safety." Busby mentions unintended consequences with respect to having adopted the PChIP legislation, including driving prostitution underground. She cites one service provider as having spoken with several girls who were beaten by their pimps for having been apprehended and not earning their money.

The Alberta Civil Liberties Research Centre (2001) offered a complex critique of the original PChIP legislation, viewing it through the lens of the United Nations Convention on the Rights of the Child. A major concern is the UN statement that children in need of protection should not be deprived of their liberty, and that peace officers and child welfare workers may use the powers given to them under the Act to arbitrarily deprive children of their liberty.

In summary, the above-noted critics are particularly concerned with the provision in PChIP that allows apprehension and placement in secure facilities. Despite revisions to the PChIP procedures in March 2001, neither Busby nor Bittle have changed these opinions.

1.2 Evaluation Rationale and Objectives

The specific objectives of the protective safe houses include the following:

- To provide protection and safety for the duration of a confinement period;
- To provide emergency care and stabilization during the initial five-day confinement period;
- To complete an assessment during the initial five-day confinement period; and,
- To provide case-specific programming during the first and second 21-day confinement periods.

To determine if the protective safe houses are achieving these goals, the current review undertook a series of research activities. These activities are divided into two sections, detailed below.

Process Stage:	The Process Stage profiles the protective safe houses' clients in Edmonton, Calgary and Lethbridge, describes the services offered and service delivery processes utilized at each protective safe house, and identifies alternate approaches to service provision and protection.
Outcomes Stage:	The Outcomes Stage determines the extent to which the target population accesses and benefits from the services provided through the protective safe houses in Edmonton, Calgary and Lethbridge.

The research duties completed as part of this review encompassed the following:

- Data collection of relevant information with respect to the processes and outcomes of each protective safe house, as well as the overall impact of the protective safe house component of the *Protection of Children Involved in Prostitution Initiative*;
- Presentation of findings, conclusions and recommendations in the form of written draft and final reports.

1.3 Research Methodologies

Multiple research methodologies were undertaken to allow for the extensive sources of information, as well as to assist in the triangulation of findings, where possible. Methodologies used for the *Protective Safe House Review* are detailed below.

Literature Review

A literature review was undertaken to address issues related to alternative approaches to providing programs and services to children at risk of involvement or involved in prostitution as well as on material relevant to the PChIP protective safe houses. Background literature on the issue of the exploitation of children through prostitution was also reviewed.

Site Visits at Each of the Three Protective Safe Houses

Site visits were undertaken at each of the three protective safe houses. Site visits comprised the following activities:

- Meetings with managers and supervisory staff of the protective safe house;
- Interviews with frontline staff at the protective safe house;
- A site tour provided by protective safe house staff;
- Client interviews, where possible; and,
- The review of available records and administrative materials at the protective safe houses.

Focus Groups of Community Stakeholders

Focus groups were undertaken with community stakeholders to collect information on opinions and perspectives on the protective safe houses, the issue of child prostitution and on PChIP in general. The focus group moderator guide for key stakeholder focus groups is included in Appendix A of this report.

Four group discussions were undertaken, with two small groups in Calgary and larger single groups in both Edmonton and Lethbridge.

Focus groups/discussions were comprised of the following groups of stakeholders:

Edmonton	Community Worker with PChIP
	Manager at Crossroads
	Director of Innercity Youth Housing
	Training Coordinator for Catholic Social Services, Former Team Leader of PSH
	Crisis Unit for Children's Services / Edmonton CFSA
	Supervisor at Crisis Unit
	Program Coordinator at Distinctive Employment Counseling Services of Alberta

Calgary	Team Leader, Calgary Crisis Centre
	2 PChIP Outreach Workers
	Calgary Police Services Vice Police Officer
	Consulting Psychologist for PSH
	Residential Director of Wood's Homes
	CEO of Wood's Homes
	Program Manager of Wood's Homes
Lethbridge	Alberta Mental Health Worker
	School Liaison Officer
	2 Members of Lethbridge Police Service
	Treatment Coordinator Clinician for Family Services
	Central Health Centre Worker
	Human Services Rec Manager at YMCA
	Youth Outreach Team Member
	Child Protection Worker, Sun Country CFSA
	Psychologist
	Social Worker
	AADAC Worker

Focus groups used a pre-approved guide developed in consultation with the Review Working Group. The sample list for participants was obtained from an initial sample provided by the Ministry and supplemented by further names obtained through staff or site visits at protective safe houses. Focus groups were audio-taped and later transcribed for analysis.

Protective Safe House Staff Interviews

Interviews were undertaken with current and former protective safe house staff. The consultant used an interview guide developed in consultation with the Review Working Group during these interviews, and interviews were transcribed and entered into a database for analysis. Interviews were done both over the telephone and in-person, depending on the availability of staff. The table below demonstrates the number of staff interviews by protective safe house site.

Number of Staff Interviews Undertaken By Site

Edmonton	13
Calgary	9
Lethbridge	9

The staff interview guide is included as Appendix B of this report.

Client Interviews

The original methodology of the review sought to undertake extensive interviews/focus groups with former or current clients of the protective safe house. A series of barriers and limitations made a large number of client interviews impossible: client age and maturity, out-dated contact information, the sometimes transitory nature of the client group, consent process difficulties, and reluctance on the part of guardians, social workers and clients to participate in interviews. The Consultant made between three and five attempts to contact each client, guardian, or social worker; PChIP workers were also contacted for assistance and client contact information. In total, nine client interviews were completed.

For clients under the age of eighteen, consent was obtained from either the client's parent or guardian or from their child welfare workers. Where possible, client interviews were undertaken in person, although three interviews were completed over the phone. All client interviews were undertaken using an interview guide developed in consultation with the Review Working Group, included as Appendix C of this report.

Administrative Data Review

A review was made of relevant and available administrative data and documents from the Ministry of Children's Services and the protective safe houses. Protective safe house data provided information on client services and programs, as well as information regarding to whom clients were discharged. While the data was not complete or consistent across the three protective safe houses, the files were useful in identifying overall trends of services and discharge locations.

Ministry data was also reviewed for the calendar year of 2002 in order to compile information on client outcomes following release from the protective safe house. Child Welfare Information System (CWIS) data was reformatted into Statistics Package for the Social Sciences (SPSS) format and coded for analysis. Data was used to determine the degree of stability of clients following release and location of placements after release. A detailed analysis of the CWIS data is provided in Section 4 of this report.

SECTION 2: Research Findings – Process Stage

The Process Stage section will provide further background on the issue of the sexual exploitation of children and on the PChIP Act. In addition, this section will look at the research findings outlining characteristics of the protective safe houses, of their clients and the impacts of client characteristics on service delivery. Finally, this section will provide a brief overview of services offered at the PSHs.

2.1 Background on Sexual Exploitation of Children and Youth from Literature Review

There is worldwide concern about the extent of violence directed to children and youth and sexual exploitation is a particular focus of this concern. The United Nations' 1989 Convention on the Rights of the Child expressly condemns the sexual exploitation of minors. International child sex tourism is of increasing concern (Barrett, 1998). Further, the UN Declaration on the Elimination of Violence Against Women included "forced prostitution," "trafficking," "exploitation of labour," "debt bondage" and "physical and sexual violence against prostitutes" among its major targets (Watts & Zimmerman, 2002).

Considerable international research on children and youth exploited through prostitution has been conducted; however, the research results must be seen through the lens of how each country responds to adults in prostitution. Rio (1991) describes three governmental reactions to prostitution. First, as is the case in the United States, prostitution and prostitution-related activities are criminal offences. At the other extreme, prostitution is legal, and has become subject to governmental regulations for licensing and health precautions, as in Australia (Sullivan & Jeffries, 2002), the U.S state of Nevada and European countries such as the Netherlands. Thirdly, as in Canada, prostitution is decriminalized, "removing the activity from the criminal code, although the participants can still be subject to health, tax, or business code restriction." Solicitation, rather than the act of prostitution itself, is illegal. In countries such as the US, then, research respondents may be quite cautious about revealing any involvement in an illegal activity. As such, this review relies heavily on Canadian sources, where available. However, despite these differing contexts, there is much consistency across studies with respect to the nature and consequences of the sexual exploitation of children and youth.

No research was found exclusively concerning a population of children or adolescents age 18 or under who were involved in prostitution. The bulk of the research on children and youth sexually exploited through prostitution comes from two sources: 1. Retrospective accounts from adults who are largely still involved in prostitution and 2. Studies of street youth. While both provide useful information, each is limited by targeting a broader population than the focus of the current research.

Interviews with adults involved in the sex trade can be limited by the retrospective nature of the research. Some have questioned, for example, the reliability of memory over time, especially in populations that have been traumatized by sexual abuse and assaults (Cooper, Yuille, & Kennedy, 2002). As well, the age range in Canadian retrospective studies such as Erickson, Butters, McGillicuddy and Hallgren (2000) and Busby, Downe, Gorkoff, Nixon, Tutty and Ursel (2002) have upper age limits in the mid-40's or more. This latter group is describing their experiences as children on the streets in the 1970's and 80's, a considerable time ago. Further, many of the respondents are still involved in prostitution and primarily work on the streets. These sources provide valuable information about entry to the streets and the problems encountered there. They tell little, however, about the subset of youth who may be involved in prostitution but who have also successfully exited the streets as adolescents, or about those who are involved with forms of sexual exploitation other than street work.

Studies on street youth encompass both adolescents under 18 and those 18 to 24 years of age (based on a United Nations definition). A much higher proportion of street youth are male (between two-thirds to three-quarters depending on the study), whereas the statistics on street prostitution suggest the opposite gender proportions (Fraser Report, 1985). Studies of street youth invariably include some who disclose involvement in prostitution, but the proportion is usually considered to be an underestimate. In Canadian studies, proportions range widely. Lundy and Totten (1997) report 6% of girls and 1% of boys in Ottawa-Carlton; McCarthy and Hagan (1995) 30% in Toronto; Johnson, Aschkenasy, Herbers and Gillewater (1996) 54%, also in Toronto; and Kidd and Kral (2002) report between 60% and 69% in a study of 29 Toronto street youth.

Much recent writing on adult prostitution has focused on prostitution as a job choice, using terminology such as "sex trade", "sex work" and "sex industry" (Brewis & Linstead, 2000). The men who use their services become not "johns", but "customers" or "consumers." These well-intended efforts are part of a movement to de-stigmatize adult women and men who choose to stay involved in prostitution, although many became involved when under age 18.

For several reasons, most authors do not utilize the same terminology when referring to child or adolescent involvement. A critical shift in perspectives on the sexual exploitation of children occurred in the 1980's and 90's, no longer conceptualizing such youth as criminals, but as victims of child sexual abuse (Bittle, 2002). This abuse perspective acknowledges the power imbalance between children and adults. In sum, rather than describing children as street workers or as being in the sex trade or street workers, this report use the term "sexually exploited" or refers to "involvement" in prostitution.

2.1.1 Prostitution in Canada

While prostitution is not technically against the law in Canada (Bittle, 2002), three types of prostitution related activities are (DeKeseredy, 2000): procuring and living off the avails of prostitution, bawdy-house offences, and communicating in a public place for the purpose of buying or selling sexual services (Lowman, 1995, cited in DeKeseredy). According to Borich (1997; cited in DeKeseredy, 2000), prostitutes can rarely work without breaking one of the aforementioned laws. In a fifteen year period from 1975 to 1991, women were charged at about four times the rate of men for prostitution-related offences (DeKeseredy, 2000).

Researchers and others have identified a number of different types of prostitution, including streetwalking, call-girls, escort services and strippers (Dalla, 2000); however, few have made comparisons of the dynamics of each of these. Much of the available research focuses on the most visible form of prostitution: street work.

Street-level prostitution may be pimp controlled or not (Williamson & Cluse-Tolar, 2002). Much current discussion has focused on women who choose to remain in the "sex trade." However, pimp-controlled prostitution still exists. Pimps often exert considerable control over young women and elicit considerable fear. In a recent Canadian study of 47 women across the prairie provinces (Tutty & Nixon, 2003), three quarters of the girls and young women were not introduced to prostitution by pimps. Once involved, one-fifth never had a pimp, and while 80 percent had some pimp involvement, most managed without them, working independently for long periods. Some were trafficked across the country by pimps, although other women travelled by choice. There was also confusion about whether their pimps were their boyfriends or their boyfriends were pimps. This confusion is also confirmed in Dalla's 2002 research.

The face of prostitution is changing with technology and increased police attention. Often described as "going underground," prostitution is becoming less visible with the use of cell phones, trick pads and other high-tech innovations. Gangs and organized crime are more involved in some Canadian centres. Connections between prostitution and pornography and organized pedophilia have also been identified (Itzin, 1997; 2001).

The oft-cited 1985 Special Committee on Pornography and Prostitution (Fraser Report, 1985) suggested that more women than men are involved in prostitution – by a ratio of about three or four to one. There has been a gradual shift over the years in acknowledging the different dynamics of male and female involvement and entry into prostitution. The early research on prostitution tended to focus on girls and women, ignoring boys and young men by assuming that any sexual acts were consensual and for the purposes of exploring their homosexuality. A major shift occurred in the late 1980's and early 1990's when more research on males involved in prostitution questioned these stereotypes (Barrett, 1998; Calhoun & Weaver, 1996; Dorais, 1996).

2.1.2 Sexual Exploitation of Children and Youth through Prostitution

Estimates across studies suggest that 10% to 12% of street prostitutes are children age 18 or younger (Bittle, 2002).

The 1980's marked the beginning of increased attention to the problem of children and youth becoming involved in prostitution in Canada, at about the same time that the prostitution of persons under the age of 18 became conceptualized as sexual exploitation and became illegal (Bittle, 2002; Federal-Provincial-Territorial Working Group on Prostitution, 1998).

Two key Canadian documents were the Fraser Report (1985) and the Badgley Commission reports (1984). The Fraser Report focused largely on adult involvement, while the Badgley commission discussed child sexual abuse in general. For a detailed commentary on the recommendations of the Badgely commission, and their adoption, see Dawson (1987) and Bittle (2002).

In 1985, Bill C-15 was introduced by the Canadian federal government to help protect victims of child sexual abuse, raise the number of prosecutions, increase the severity of sentencing and improve conditions for children to provide court testimony. It also criminalized the sexual procurement of youth (Bittle, 2002). However, after a number of years, various authors, including Hornick and Bolitho (1992), Lowman and Fraser (1996) and Daum (1998, cited in Bittle 2002), found that Section 212(4), addressing "criminalized obtaining, or attempting to obtain, the sexual services of someone under the age of 18," was not being enforced, or was difficult for police to enforce. Subsequent amendments that attempted to enhance the police's ability to prosecute those who utilize the "services" of children and youth were overturned (Bittle, 2002, p. 11). Daum (cited in Bittle, 2002) argues that much more must be done to protect children and youth from sexual exploitation, for example through the use of existing sexual offence legislation to prosecute male sexual predators.

There is debate about the extent of and the pathways by which children and youth become involved in prostitution in Canada. In 1989, Brannigan and Fleischman argued that it is mainly an adult occupation motivated by financial gain. Lowman (1991) countered that while many street prostitutes in Canada are adults, the majority became involved as youth. This is confirmed by numerous other researchers who have concluded that entry into prostitution often occurs before the age of 18 (Badgley, 1984; McIntyre, 1999). One recent Canadian study revealed that, on average, these youth were 15 years of age when they began their involvement in prostitution and that some were as young as 11 (Assistant Deputy Ministers' Committee on Prostitution and the Sexual Exploitation of Youth, 2000). In McIntyre's (1999) Alberta study, three quarters of the 50 youth interviewed (41 females) had become involved in sex work before age 16 and 86% began before age 18, the average being age 14. In Busby et al. (2002), over two thirds of the 47 women were 15 years or younger when they first became involved.

In Canada, Aboriginal youth are over-represented in those exploited through prostitution (First Call and Youth Coalition, 1996; McEvoy & Daniluk, 1995) although this varies from city to city.

2.1.3 Factors Associated with Children and Youth's Entry into Prostitution

The most commonly studied characteristics thought to be associated with entry into prostitution include a history of childhood abuse (especially sexual abuse), being taken into child protective custody, running away from home or care, and dysfunctional family backgrounds.

Ultimately the debate about whether child sexual abuse "causes" sexual exploitation through prostitution is of secondary concern, since not every victim of sexual abuse becomes involved in prostitution. But a constellation of serious child abuse, involvement in the child welfare system, running away from home or placements and living in poverty on the streets describes a large proportion of such youth.

2.1.4 Childhood Abuse

There is little debate that a large number of children and adolescents who become exploited through prostitution have histories of some form of childhood abuse or neglect (Bagley & Young, 1987; Benoit & Millar, 2001; Farley & Barkan, 1998; Gemme, Murphy, Bourque, Nemeh, & Payment, 1984; Lowman, 2000; McIntyre, 1999; Miller, 1993: Pyett & Warr, 1999). In the 2001 research conducted by Benoit and Millar, almost 90% of the respondents reported a history of some physical, sexual or emotional abuse. In Schissel and Feduc's Saskatchewan study (1999), the existence of sexual abuse of any severity for Aboriginal youth and severe sexual abuse for non-Aboriginals was linked to entry. They also reported that more serious child physical abuse was associated with greater involvement in prostitution. Janus, Burgess and McCormack (1987) found that 38% of 89 adolescent male runaways (aged 15 to 20) in Toronto had a history of childhood sexual abuse, and these adolescents were significantly more likely to be involved in prostitution than their non-sexually abused counterparts.

Several authors have argued that the level of sexual abuse among prostituted youth is no different from the general population (Brannigan & Fleischman, 1989; The Badgley Report, 1984). However Bagley and Young (1987), critiquing the Badgley committee's research that compared interviews with adults who had been sexually abused and involved or not involved with prostitution, noted that the findings downplayed both the serious nature of the abuse experienced by youth involved in prostitution and the young age at which they were assaulted, as compared to other child sexual abuse victims.

Perhaps one of the most compelling counter-arguments about the association of a childhood history of sexual abuse with prostitution is the 1998 research of Nadon, Koverola and Schludermann from Manitoba. This study compared the histories of 45 adolescent prostitutes and 37 adolescents who had not prostituted, all of whom were participants in the same programs. While factors such as childhood physical and sexual abuse, leaving home, family dysfunction and adolescent substance abuse were present in those with a prostitution history, similarly high rates were found in the comparison group.

However, in a 1991 study with 40 adolescent runaways and 90 homeless American women, Simons and Whitbeck conducted a rather sophisticated data analysis. They concluded that early child sexual abuse "increased the probability of involvement in prostitution irrespective of any influence exerted through factors such as running away from home, substance abuse, and other deviant activities" (p. 361).

2.1.5 Family Dysfunction

Other researchers have focused on family functioning, including the early experiences of individuals who later became involved in prostitution. Earls and David's 1990 Canadian publication documented interviews with 50 males and 50 females involved in prostitution and compared them to 50 males and 50 females who were not involved. While there were no differences between groups with respect to divorce and/or parental separation, parental absence, or verbal abuse, both males and females who were involved in prostitution described their home-life more negatively and were more likely to have experienced sexual "interaction" with a family member. Earls and David's 1989 comparison of only the males in the above-cited study of 50 Eastern Canadian males matched on age, sex and socioeconomic status, found no differences in levels of education, employment or perception of having a traumatic childhood. They did differ on the size of family, number of placements outside the home, violence between parents, family members' abuse of substances, and sexual relations with a family member.

A relatively unique study that surveyed parents of 75 American female teens involved in prostitution (Longres, 1991) concluded that parents of the teens were likely experiencing stress related to a history of failed relationships and financial hardship. As well, the neighbourhood in which they lived provided easy entry into, and role models for, prostitution.

2.1.6 Leaving Home and Homelessness

Another common factor associated with youth sexual exploitation is leaving home or placements and becoming homeless. A high proportion of the respondents in research on children involved in prostitution were taken into care by child welfare authorities (Estes, 2001; Biehal & Wade, 1999; Mathews 1989; Badgley 1984). For example, in Tutty and Nixon's recent research (2003) with 47 Canadian women, slightly less than two-thirds had been involved with the child welfare system before being sexually exploited through prostitution. Of these, most had been taken into care and had resided in foster and group homes, often for a number of years. However, not all sexually exploited youth come from child welfare backgrounds. Others, sometimes termed 'throwaway' children, are from families that no longer want them or can no longer handle them (National Centre for Missing and Exploited Children 1998).

Once on the streets, children and youth become immediately vulnerable to sexual exploitation in order to meet their basic needs of food and shelter. The term 'survival sex' describes selling sex as one way to survive being homeless, and this term is useful in conceptualizing the extent to which poverty is an important factor in child and youth involvement in prostitution. In a US nationally representative study, 27.5% of 528 street youth and 9.5% of 631 shelter youths acknowledged participating in survival sex (Greene, Ennett & Ringwalt, 1999). Survival sex was associated with other significant health risks, such as substance abuse, suicide attempts, STDs, pregnancy and participating in criminal behaviour.

In a comparison of the criminal activities of 390 Toronto homeless street youth 16 to 19 years of age during a one-year period (1987 to 1988), lack of shelter and unemployment were associated with involvement in prostitution, more often than with criminal behaviour. Benson and Mathew's (1995) British research supported poverty as associated with street prostitution but not for those working in off-street locations, such as massage parlours and saunas.

Other authors argue that a history of childhood sexual abuse (Bagley & Young 1987; Gemme, Murphy, Bourque, Nemeh, & Payment, 1984; McIntyre, 1999) and the seeming 'choice' to prostitute need to be interpreted in the context of a myriad of other factors. Poverty, racial discrimination, homelessness, living in broken homes or being taken into care also need to be taken into account when looking at factors affecting involvement in prostitution (Lundy & Totten, 1997; McCarthy & Hagen, 1991).

Some researchers have compared prostitution entry pathways of males and females. While some authors theorized that a substantial portion of males choose to prostitute to work out homosexual identity issues (Badgley, 1984; Cates & Markley, 1992), others, such as Hampton and Aubry (2001) and McIntyre (1999), dispute this claim. Both found a high proportion of males identified as heterosexual, although their clientele were primarily male. Further, in McIntyre's 2002 study of 38 individuals (33 women, 5 males) originally from Calgary, males entered at younger ages than females (an average of 12 vs. 15 years), left more often, and stayed longer (12 vs. 6 years).

2.1.7 Consequences of the Sexual Exploitation of Children

This section documents the experiences of children and youth who have become sexually exploited and explores some of the negative consequences that are a 'normal' part of what is typically a very difficult life on the streets: living with violence, substance and alcohol abuse, mental health difficulties and exposure to serious health problems.

2.1.7.1 Living with Violence

Silbert and Pines were among the first to highlight the risks to adult women involved in prostitution with their 1982 study in the San Francisco Bay area. Women in this study reported high rates of rape and assault, most of which they did not report to authorities. Since then, similarly high rates of assault have been reported in Canada (Badgley, 1984; Lowman & Fraser, 1996 [British Columbia]; Nixon et al., 2002 [Alberta, Saskatchewan & Manitoba]: Schissel & Feduc, 1999 [Saskatchewan]; the United States (Benoit & Millar, 2001; El-Bassel, Witte, Wada, Gilbert & Wallace, 2001; Miller & Schwartz, 1995); and Scotland (Barnard, 1993, Church, Henderson, Barnard & Hart, 2001), among others.

Farley and Barkan (1998) reported that 82% of their sample of American female adults involved in prostitution had been physically assaulted, 83% had been threatened with a weapon, and 68% had been raped. In Pyett and Warr's (1999) Australian study with twenty-four women involved in street prostitution, all had been exposed to frequent and significant risks of violence from customers and had experienced at least one serious assault. In Canada, from 1992 to 1998, at least 86 prostituted women were murdered while working on the street (Lowman, 2000).

Several studies have focused on the risks of violence to children working on the streets (McIntyre, 1999; The National Centre for Missing & Exploited Children, 1992: Nixon, Tutty, Gorkoff, Downe & Ursel, 2002). The National Centre for Missing & Exploited Children (1992) reported that prostituted youth are often assaulted by pimps to ensure their obedience and to prevent them from leaving. Children often fear retaliation by pimps who have threatened to hurt them or their families if they leave (Assistant Deputy Ministers' Committee on Prostitution and the Sexual Exploitation of Youth, 2000). Customers also routinely physically abuse youth involved in prostitution. McIntyre (1999) found that, in reflecting on their experiences as prostituted youth, 82% of her respondents had experienced "bad dates."

Levels of violence are also related to the form of prostitution. In Scotland, Church et al. (2001) found that 115 women working outdoors (i.e. street walkers) reported twice as much violence directed towards them as 125 women working indoors in saunas or apartments. The outdoor workers were younger, involved in prostitution at an earlier age (on average, 19 years) and used more illicit substances.

Being assaulted can also be associated with other health risks. In the Netherlands, Vanwesenbeeck, de Graff, van Zessen, Straver, and Visser (1995) linked more severe violence experiences while working to the higher risk of HIV caused by not using protective methods such as condoms.

In a 2001 study with 31 sex workers in New Zealand, Plumridge highlighted the contrast between the women's depictions of violent and graphic dangers and their refusal to acknowledge their own vulnerability. Instead, they presented themselves as 'in control.' Plumridge also contrasted sex workers' descriptions of 'quick,' 'good' money, with the reality that most had meagre earnings. These perceptions have implications both for prevention and for assisting those who wish to leave the streets.

2.1.8 Alcohol and Drug Abuse

Most researchers identify a high incidence of substance use and addiction among street prostituted youth (Badgley, 1984; Federal-Provincial-Territorial Working Group on Prostitution, 1998). While researchers argue about whether substance use is a precursor to engaging in prostitution (Brannigan & Fleischman, 1989), or a consequence of the work (The Fraser Report: Special Committee on Pornography and Prostitution, 1985; Lowman 1987), others suggest that the relationship between substance use and prostitution is reciprocal (Schissel & Feduc, 1999). That is, while substance abuse may not cause youth to become involved in prostitution, once entrenched, they often abuse substances to cope with the realities of their lives.

For example, in the recent research with 47 women from the prairies (Tutty & Nixon, 2003), drug use was a constant, but most did not use hard (injected) drugs before they worked the streets as adolescents. Although some respondents used substances to numb their fears while on the streets, others worked without being under the influence so that they could more easily protect themselves in the event of danger. Acquiring money for drugs needs to be understood in the context of the broader life circumstances in which the young women lived. Most respondents commented about needing substances, but without elaborating on the poverty, family abandonment and lack of shelter that led to their current drug use and their existence on the streets. Yet these factors were clearly central to this pathway.

Another Canadian study by Erickson, et al. (2000) with 30 crack-using Toronto women who worked in the sex trade highlighted that the "powerful appeal of crack to these women poses a challenge for harm reduction alternatives and other services that might improve their health and safety" (p. 767).

In an attempt to determine whether substance abuse among women prostitutes differs from other women not involved, but with criminal histories, Yacoubian, Urbach, Larsen, Johnson and Peters (2000) compared self-reports and laboratory tests for drug use between a group of 182 women arrested for prostitution and 3,405 women arrested for other offences in the US. The former group were significantly more likely to test positive for cocaine and to self-report crack and powder cocaine use in the previous three days.

Some researchers and program personnel suggest that substance abuse by those involved with prostitution is increasing. The research of Gilchrist et al. (2001) at a Glasgow Drop-in centre compared the characteristics of 114 women clients from 1989 to 63 women in 1999. While the vast majority of clients were drug users, this had increased significantly over the past 10 years from 83% to 95%.

In summary, while some youth become involved in prostitution to finance their substance abuse, the research suggests that most become involved with more serious and harmful substances once on the street. As noted, drug and alcohol use allows some to overcome their fears of being at risk. Substance abuse can keep youth on the streets and become a factor that complicates exiting, especially with the emergence of ever more powerfully addicting and potent chemicals.

2.1.9 Mental Health Concerns

In identifying the consequences of exploitation though prostitution, several researchers have examined the development of emotional difficulties and symptoms that could, in future, result in a psychiatric diagnosis. At this point, however, results are contradictory. For example, in a New Zealand study (Romans, Potter, Martin, & Herbison, 2001), no differences were found in mental health problems or self esteem between a group of 29 sex workers and a randomly selected community sample of 680 women.

However, in examining suicidal ideation and attempts, a recent study of 29 street youth aged 20 to 24 in Toronto (Kidd & Kral, 2002), found that 69% were currently, or had been, involved in prostitution (14 of the 19 males, and 6 of the 10 women). Of those who had been sexually exploited, 76% reported at least one suicide attempt (74% males and 80% of the women). A similar American study of homeless youth reported that 12% could be diagnosed with a major depressive disorder that preceded their becoming homeless (Rohde, Noell, Ochs & Seeley, 2001).

While researchers have used the trauma perspective to explain the immediate reactions and long-term consequences of child sexual abuse (Finkelhor & Browne, 1985), rape (Foa, 1991) and woman abuse (Tutty, 1998), only recently have Post Traumatic Stress Disorder (PTSD) and dissociation been used to explain some of the realities of those sexually exploited by prostitution. In Vancouver, Cooper, Kennedy and Yuille (2001) studied 33 women adults who worked as prostitutes. They reported high rates of both sexual abuse and dissociation. Farley, Baral, Kiremire and Sezgin (1998), Farley and Barkan (1998), and Chudakov, Ilan, Belmaker and Cwikel (2002) all studied PTSD in adult women involved in the sex trade. In a 2001 American study conducted by Valera, Sawyer and Schiraldi with 42 women, 32 men and 26 male transgendered adult inner-city street prostitutes, over 42% met the established criteria for PTSD.

The trauma perspective provides one theoretical model for how those who were sexually abused as children become involved in the first place. The trauma literature, especially that with respect to childhood sexual abuse, has long noted the tendency for some child survivors to act out by behaving in overtly sexualized and provocative ways (Van der Kolk, McFarlane, & Weisaeth, 1996). Those affected with PTSD often use drugs and alcohol to numb intrusive memories and flashbacks. The trauma perspective explains some aspects of sex workers not being compliant with safe-sex practices and not seeking services, since another key strategy to cope with trauma is avoidance. Women also became numb or desensitized to violence, and both of these are key features of trauma.

2.1.10 Health Risks

A number of authors are concerned with the health risks faced by prostitutes. In the previously mentioned Valera, et al. American study (2001), 42 women, 32 men and 26 male transgendered adult inner-city street prostitutes, three quarters of whom were African American, broadly identified their health needs as protection from physical and sexual assault, social support, counselling, addictions treatment, job training and medical care.

Other researchers have focused on the risks of acquiring AIDS and other sexually transmitted diseases (Markos, Wade & Walzman, 1994). In interviews with 70 males (from 14 to 35 years of age) in a US northeastern city, Snell (1991) reported that most were worried about AIDS, physical danger, the future and personal relationships. They were much more likely to use informal supports, either friends or family, than formal agencies. African American males (46% of the sample) were much more reluctant to use mainstream agencies or services.

Simon, Morse, Osofsky, & Balson (1994) found that their young US adult male sample of 53 was likely to engage in high risk sexual behaviour. This high risk behaviour often occurs because customers request it, despite knowing the dangers (Morse, Simon, Balson & Osofsky, 1992).

A reality for many women involved with prostitution is pregnancy. As Tutty and Nixon (2003) identified, of 47 women from the three prairie provinces, fifteen had become pregnant while under age eighteen and bore one or more children while on the streets. Of these, nine no longer have custody, although several continue to visit children who live with relatives. While having children was a key reason for respondents to attempt exiting prostitution, most were successful for only short periods and ultimately returned.

In summary, involvement in prostitution is linked to a number of serious risks: assaults or even death while engaged in prostitution, utilizing potent and debilitating substances, exposure to serious health problems, negative impacts on self-esteem, and suicidal ideation and actions. Each of these consequences impact children and youth's willingness and capability to leave the streets, especially over time.

2.1.11 Leaving Prostitution

Given the negative and life-threatening consequences of a life on the streets, how do children and youth involved in prostitution escape? The reality is that most of those who become entrenched do not exit as adolescents, if at all, although most try. McIntyre (1999) noted that almost all of the fifty young men and women sex workers that she interviewed in Calgary in 1991 to 1992 had a plan to exit. These plans were "a mechanism to erase the pain and frustration associated with sex work. ... Although this appears as a contradiction on the surface, it is an important feature in allowing a sex worker to continue this work, knowing that it is not permanent" (p. 171). Despite having a plan, though, most of McIntyre's respondents did not leave permanently as adolescents.

A more common pattern is to cycle through leaving and re-entering, similar to the process of women leaving abusive relationships. As adolescents, almost all of the 47 Canadian prairie women interviewed by Tutty and Nixon (2003) had attempted to leave prostitution at least once. However, the majority returned to working, primarily for financial reasons such as needing money for their drug addiction. Despite good intentions, it was typically difficult to maintain their resolve to exit permanently. Only eight of the thirty women who had exited left for good when they were adolescents. Of these, several mentioned the assistance of formal programs, such as substance abuse rehabilitation. As adolescents, two young women spent time in jail and were connected to supportive services during or afterwards. Since leaving is a multi-faceted process, many factors influence whether the decision to leave will be permanent. Most of the attempts to exit occurred after a significant or traumatic event.

A recent evaluation of an out of city camp experience for women charged with prostitution-related offences in Manitoba (Bacon & Bracken, 2000) asked the 58 participants, some of whom were under age 18, why they were involved with prostitution, what the benefits were and what it would take to leave. The most significant response to each was 'money' (58%; 84% and 58% respectively). They suggested that any programs should address drug and/or alcohol abuse (24%), ways to get off the streets (17%) and education (10%).

In Swedish research, Månsson and Hedin (1999) identify four main challenges to maintaining an exit from prostitution: "(1) working through and understanding the experiences of a life in prostitution, (2) dealing with shame, (3) living in a marginal situation, and (4) dealing with intimate and close relationships" (p. 67).

In McIntyre's 2002 follow-up interview with 28 of the original 50 interviewees from ten years earlier and an additional 10 new respondents, none were still working full time, but some were involved in the trade part time, or sporadically such as when finances were at a critical low. McIntyre's interviewees noted that leaving often seemed riskier than staying. They were unsure how to support themselves and were worried about potential repercussions from pimps. However, a high proportion left because of the violence that they experienced on the street. Many were assisted by family members or a support system, although a number had damaged these relationships while on the streets. Creating new relationships with non street-involved individuals was important in preventing a return.

In summary, researchers agree that most youth who become entrenched in prostitution do not exit until much later, as adults. They avoid formal programs and services, in general, and do not seem to consider these as avenues to support them in exiting.

2.1.12 Programs to Address Child/Adolescent Involvement in Prostitution

As early as 1984, with the publication of the Badgley Commission report, it was apparent that programs and services for youth prostitutes were "ineffective and provided inadequate protection and assistance" (Badgley, p. 986). Most concur that it remains difficult to encourage any street youth to access services (Cusick, 2002).

There is debate about whether services should target adolescents in general or be specific to youth exploited through prostitution. Some argue for generic services (Shaw & Butler, 1998) given the similar needs of youth experiencing substance abuse, homelessness and involvement in prostitution. Others recommend specialized programs in which individuals neither have to hide, nor explicitly discuss, their experiences with prostitution, but can feel connected to other participants and service providers (MacIver, 1992, cited in Cusick, 2002). In interviews with 47 women in Alberta, Saskatchewan and Manitoba, several respondents noted that generic services do not address key needs for this group and that they risk being stigmatized if they divulge their history (Gorkoff & Waters, 2003).

A recent national review of Canadian programs (Alliance of Five Centres of Family Violence Research, 1999) concluded that programs specific to girls involved in prostitution are relatively rare. The authors of a later phase of the same project (Busby, Down, Gorkoff, Nixon, Tutty & Ursel, 2002) spoke with 170 representatives of Canadian services/programs for prostitution, or key informants. Only a few programs were specific to children/adolescents: these were offered either by mandated child welfare agencies or were specialized programs developed in response to the PChIP legislation in Alberta. The remaining programs were non governmental organizations (NGOs) that provide a range of services for two major populations: generic street youth or those exploited through prostitution. However, even here there is overlap, as some NGOs in Alberta receive at least a portion of their funding from the PChIP Initiative.

The range of these programs included those that are, at one extreme, voluntary and utilize a harm reduction approach. Examples of such approaches are drop-in centres or traveling vans that offer refreshments, condoms and counseling. Harm reduction emphasizes reducing the dangers associated with prostitution without necessarily taking steps to stop the child/youth's involvement. Harm reduction services often provide condoms, needle exchange, bleach kits, street-wise workshop and "bad date" kits (Busby et al., 2002).

Busby and colleagues (2002) noted the need for harm reduction approaches to balance recognizing the dangers and respecting the child/youth's autonomy, resisting 'for the child' decisions and facilitating decisions by the child. One could certainly argue that the latter is the case with any client group, especially youth; and that this statement is not exclusive to harm reduction approaches, but to any effective programs.

McIntyre (2002) is more skeptical about harm reduction as applied to those under 18. She recommended reviewing their efficacy with this population.

At the other extreme, youth may be offered services in secure treatment where their movements and activities are controlled. Secure treatment is typically mandated through provincial child welfare legislation. When social service authorities are concerned that a child or youth may be at risk, they may physically remove the young person to either secure accommodation or another residential setting (Cusick, 2002).

Many available programs for those involved in prostitution focus on health needs such as HIV testing, many of which include counseling components, such as the mobile van described by Weiner (1996). Others offer counseling. For example, Dalla (2000) described weekly group meetings and one-on-one counseling. Others use more innovative approaches to connect with this population. For example, Richard and Growney (2001) developed an education resource in Britain that is offered by peers.

Substance abuse treatment is another key need for those entrenched on the streets. Given the reciprocal nature of involvement in prostitution and substance use, it is debatable whether or not non-specialized substance abuse treatment programs would be as effective as those specialized for those with a background on the streets. Further, substance abuse programs are often residential, so that mothers may have difficulty placing their children so that they can attend.

One of the rare specialized programs for children is the American program, Children of the Night, a non-profit voluntary shelter for children exploited through prostitution in Los Angeles. In operation since 1979, they claim to have rescued more than 10,000 girls and boys from prostitution and the control of pimps. More than 80% of these children have remained off the streets. The program materials assert that it is the only organization in North America that works solely with child prostitutes. A search for similar specialized child-related programs supports this contention.

Numerous authors have noted the difficulty in encouraging adolescents to initiate contact with services. McIntyre's 2002 study with 38 respondents from Alberta identified that most had been involved with child protection as children and viewed social service outreach programs with confusion and suspicion, not knowing whether they would be responded to in a neutral manner, a criminal justice reaction, or a child protection mandate. McIntyre recommended that street outreach programs be seen as "safe, exempt, neutral programs to support youth" (p. 40). One of her respondents noted that she was offered condoms, information on dangerous johns and emergency medical care after having been abused, but wondered why no one offered to take her to a safe, neutral housing location.

None of the services identified earlier had conducted outcome evaluations, raising the question of what should be the major goals in programs for youth involved in prostitution. The oft-cited focus on helping children/youth exit the streets, while understandable, may be unrealistic. As previously mentioned, recent Canadian research (McIntyre, 2002; Tutty & Nixon, 2003) has argued that while most youth tried to leave the streets as adolescents, few were successful. It has taken a number of years to understand that leaving abusive intimate partner relationships is typically a long process, not a one-time event. Providing long-term support, and not giving up on youth who may repeatedly return to their former activities on the streets, is essential. Rather than focus on exiting, the goals could be to find better, more stable care, reconnecting children and youth with schools, and developing innovative long-term accommodation.

2.2 Structure and Services of the Protective Safe Houses

The following sections provide details on the administrative structure of the PChIP protective safe houses and services delivered at the protective safe houses. This information was compiled from staff interviews and administrative data.

2.2.1 Staffing and Structure of Protective Safe Houses

There are currently three protective safe houses in operation under Alberta Children's Services. The three PSHs are funded and operated separately, with very different administrative and physical structures. Two PSHs are operated by private agencies: the Edmonton PSH is contracted to Catholic Social Services and located on the Yellowhead Youth Centre Campus, and the Calgary PSH is contracted to Wood's Homes. The Lethbridge protective safehouse is operated by Alberta Children's Services.

Staffing structures at the three protective safe houses were different, due to variations in the number of clients and the differences in the physical structure of the three protective safe houses. Table 1 demonstrates the overall staffing structure by protective safe house.

Table 1
Staffing Structure at the Protective Safe Houses

Site	Staffing Structure
Edmonton – Catholic Social Services	➢ 8 Full time and 5 Part time – 3 of the FT and 1 of the PT are employees of Métis Child & Family Services, and the remainder are from Catholic Social Services
Calgary – Wood's Homes	➢ 0.5 Project Manager, 10 FT front line staff, 1 Team Leader
Lethbridge	➢ 8 staff shared between the PSH and outreach services. Alberta Children's Services operates the PSH through the Lethbridge CFSA

Source: PSH staff interviews

2.2.2 Services Delivered at Protective Safe Houses

Each of the protective safe houses has its own set of services and programs that utilize local resources. While many of the programs and services have characteristics in common with those provided at other PSHs, there are key site-specific differences that address the particularities of each community and facility. Particular descriptions for each of the three protective safe houses are included below, followed by a comparison of overall services at all three sites.

Stakeholders and staff at all sites were in agreement that the development of programming and services has been influenced by significant changes in PSH administration such as the changes to the legislation, the changes of site locations and changes of staff. To a degree, the process of establishing the services and programming is, in the opinion of some staff and stakeholders, a process that is still unfolding.

Staff noted that information exchanges and service coordination between the PSHs have taken place on numerous occasions, especially between the Edmonton and Calgary PSHs. In the past, staff members have exchanged advice on difficult situations. These interactions have, in part, been facilitated by the occasional need to transfer a client from one PSH to another for reasons of convenience for family members, or to separate clients who could not be housed in the same facility.

2.2.3 Edmonton PSH Services and Resources

The Edmonton protective safe house is administered by Catholic Social Services at the Yellowhead Youth Centre Campus. The protective safe house has four rooms and five beds (one room has two beds), a conference room, a work-out room, computers and a craft room. As noted, the Edmonton protective safe house uses staff from both Catholic Social Services and Métis Child & Family Services.

According to site documentation, the Edmonton PSH provides the following program activities:

- ➢ Addictions treatment;
- ➢ Life Skills training;
- ➢ Recreation activities;

- Exploration of spirituality and self-awareness;
- Home schooling and educational programming – this includes the use of a module system called Freshstart, journalling, using educational software, reading, or other similar activities;
- Social skill development;
- Equestrian training (when available); and,
- Cultural awareness.

In addition, members of the following agencies or organizations are available to provide services or information to PSH clients, depending on availability:

- Birth Control Centre
- Kairos II (discusses harm reduction, safer sex, HIV and Hepatitis)
- Spirituality through Catholic Social Services
- Legal Aid Lawyer
- Family Violence Prevention Centre
- Substance Abuse & Corrections
- Support Network
- Kindred House (drop-in centre for adult females involved in prostitution)
- AADAC youth services
- Health for Two (discusses health issues with pregnant youth)
- Clinician for psychiatric assessments
- Sexual Assault Centre
- Terra Associations (for pregnant or parenting clients)
- Straight Talk Program
- HIV Edmonton
- Gay & Lesbian Community Centre of Edmonton

In addition, Aboriginal spiritual resources and visits from a survivor of drugs and prostitution have been available.

Current follow-up activities undertaken through the Edmonton PSH includes weekly work by Follow-Up Workers as well as attempts by PChIP and MCFS staff to connect with former PSH clients at least once per week. In Edmonton, Community Follow Up Workers (CFUWs) often meet with former clients for social interaction or to help connect them with resources.

2.2.4 Calgary PSH Services and Resources

The Calgary protective safe house is operated by Wood's Homes on a multi-purpose campus. The PSH can make use of on-campus psychiatrists and therapists. The availability of on-campus inter-program resources allows for additional psychological counseling. The Wood's Homes campus also has doctors and nurses on staff, including an on-call nurse who is available at night. The staff commented that the campus offered a continuum of services through Wood's Homes that was a benefit to clients. The protective safe house is the only secure program at Wood's Homes. The PSH program and several others were accredited by the Canadian Council on Health Services Accreditation (CCHSA) in the summer of 2002.

The PSH offers five rooms for clients, and shares a building with the Habitat program residence, which provides accommodation and services to boys 8 to 12 years old who are in short term emergency placements and cannot go directly to foster homes. These boys are housed on the lower level of the building, with the PChIP children located on the upper level. The children are kept separate at all times, but staff can go from area to area through locked doors.

The PSH benefits from Wood's Homes' Exit youth outreach service program, which includes van and storefront services.

According to site documentation, resources and information available to clients at the Calgary PSH include the following:

- Exit Community Outreach
- Community Resource Team
- Alberta Alcohol & Drug Abuse Commission
- Calgary Birth Control Association
- Calgary Counselling Centre
- Calgary Police Service
- Distress Centre
- Family Planning Clinic
- Native Addiction Services
- Servants Anonymous
- STD Clinic
- Street Teams
- YMCA / YWCA
- McMan Youth, Family and Community Services Association
- Wood's Youth Shelter
- Eastside/Westside Family Centres
- Alberta Safe House Society
- Calgary Communities Against Sexual Abuse
- Calgary Drop-In Centre
- 8th and 8th Health Centre
- Enviros Wilderness School Association
- Legal Aid Society of Alberta
- The Back Door (street youth organization)
- Safeworks (HIV and pregnancy assistance)
- Southern Alberta HIV Clinic
- The Mustard Seed
- Aspen Family & Community Network

During the weekdays, programming, including schoolwork, is offered from 9 am to 12 pm and from 13:30 pm to 15:30 pm. Each client is assigned a minor chore on the weekday and a major chore on the weekend, in addition to some housekeeping duties.

The physical structure is very secure: children are not allowed in the kitchen, for example. PSH staff argue that as a result, there have only been 10 serious incidents (such as attacks on staff by clients, or attempts at or successful Absent Without Leaves (AWOLs)) in four years.

According to staff, outreach services at the Calgary protective safe house include telephone contact 5 days after release, one month after release, and 2 months after release.

2.2.5 Lethbridge PSH Services and Resources

The Lethbridge protective safe house is located in a duplex on a quiet suburban street. The duplex is split into two structures, with each side housing facilities for children under PChIP Orders and Secure Treatment Orders.

Lethbridge's PSH offers AADAC services, sexual health and mental health workers, including a psychologist who can come in to advise staff and children. A teacher from the local school board undertakes educational programming with both the Secure Treatment Order children and the PChIP children. Classes are offered from September to June from 9:30 am to 3:00 pm.

Services and programming are similar for both the PChIP and Secure Treatment Order children, although staff argue that clients of each program require different approaches and have different sensitivities. For example, staff at the Lethbridge PSH noted that, whereas the Secure Treatment Order clients are immediately put into programming at the beginning of their stay, there is more leniency with the PChIP children.

Much of the programming for the PChIP children is centred on life skills, which, according to the documentation, can cover the following topics:

- Safe sex and birthcontrol
- Hygiene
- Cultural awareness
- Peer relationships, pressure, friends
- Substance abuse
- Physical/Psychological well-being
- Healthy relationships, family
- Family relationships and structure
- Positive choices
- Diet and nutrition
- Mental illnesses
- Self-mutilation
- Anger management
- Independent living
- Budgeting
- Career planning
- Decision making
- Separation and loss
- Practical cooking skills
- Stress
- Conflict resolution
- Being In care
- Street life

Lethbridge also benefits from the presence of the TRAC Youth Outreach service, which is funded under PChIP. TRAC assists youth to access resources, provides counseling, assistance and does community outreach such as educational presentations.

2.2.6 Client Services, Information and Resources/Referrals from File Review

The Consultant conducted file reviews at each protective safe house to determine, where the information was available or clear, the duration and dates of the children's stays, what services and resources clients received, and the location to which clients were released. Appendix D offers a detailed compilation of the findings from on-site file reviews. Despite the limitations of the file review, overall trends were noted that were substantiated through staff and client interviews. These trends are discussed below.

Resources and education related to drug and alcohol abuse were the most prevalent of the education or resources accessed by clients at all three sites. The incidence of clients receiving information and resources on drugs and alcohol was the highest of all types of recorded information and referrals. Harm reduction and psychological counseling were not as prevalent. This was consistent with the information received for this review from clients, staff and stakeholders who felt that the support of AADAC, as well as their own programming, had been consistent, positive and helpful in informing clients about issues of drugs and alcohol. It was also consistent with the often-made suggestion that psychological/psychiatric counseling be offered to clients on a more regular basis.

More comprehensive services and resources were afforded to clients with longer durations of stays at the protective safe houses. While there are some inconsistencies, no doubt due to different methods of recording client file information or incomplete files, overall, those clients who stayed longer received more information and more resources. This confirms the comments of clients, staff and stakeholders in interviews and focus groups: it was consistently noted that shorter (5-day) stays are more concerned with alleviating short-term needs such as detoxing, rest and hunger, rather than with providing programming, information, or services.

2.2.7 Service Delivery Differences Between Protective Safe Houses

As noted, PSH services and procedures, while similar, are not strictly consistent across the three protective safe houses. Staff at the management level stated that although the overall goals and guidelines for programming and services are agreed on through discussions by all three of the facilities, the actual implementation is, to a large degree, left to the respective protective safe houses.

A comparison of the services available at the three protective safe houses are detailed in the following Table 2. It should be noted that services for PSH clients may vary. Many of the services offered at the PSHs are dependent on the willingness of clients and the availability of outside resources.

Table 2
Resources and Services at the PSHs: A Comparison by Type

	Edmonton PSH	Calgary PSH	Lethbridge PSH
Site type	On-campus facility	On-campus facility	Suburban duplex
Services and Resources Type			
Home schooling	Staff undertake home-schooling with clients	Staff undertake home-schooling with clients	On-site staff member does schooling with PChIP and Secure Treatment clients
Drugs and Alcohol Information	AADAC Worker	AADAC Worker	AADAC Worker
Aboriginal resources	Elders have come in to talk to children in the past	Wood's Homes Campus can make use of on-campus Aboriginal resources	None noted
Survivors	Survivors come in to spend time with clients	None noted	None noted
Psychological Resources	Psychological counsellor is brought in for some clients	Staffing includes part-time consultant psychologist	Psychological counsellor is brought in for some clients
Spiritual resources	Visits with Catholic nun	None noted	None noted
Sex Education	Visits from Sex Education Worker	None noted	Visits from Sexual Health Worker
Outreach and follow-up	Community Follow Up Workers	Street Teams / Exit van	TRAC Outreach

Source: Staff, client interviews and onsite file reviews, administrative materials

Overall, clients were afforded a comprehensive set of services and resources at all three protective safe houses. Major areas of difference included the following:

- While all three PSHs had access to mental health workers, the Calgary PSH had used a psychologist to develop a comprehensive set of programming, and consistently employs this counselor on a regular basis to work with staff and clients of the PSH. Regular consultation with the psychologist who developed programming for the Calgary PSH has meant more comprehensive and consistent psychological advising for both staff and clients;
- The use of survivors of prostitution, street life and drug addictions as a resource was more consistently used in Edmonton according to file reviews and interviews. This was also true of sex education workers and spiritual advice;

- The Lethbridge PSH's use of suburban duplex to house both PChIP and Secure Treatment Order children provides a significant difference in the delivery of services at that location. The more home-like and comfortable surroundings provide for a less institutionalized environment. The mixing of Secure Treatment Order and PChIP clients in programming and living arrangements is unique to that PSH facility; and,
- A portion of the Edmonton PSH's staff is from Métis Child & Family Services. This, as well as the high number of Aboriginal clients, has resulted in a more consistent attempt to locate staff who are of Aboriginal ancestry and to deliver services in ways that are culturally appropriate for Aboriginal clients. Aboriginal resources were available on a more consistent basis at the Edmonton site than at Calgary or Lethbridge PSHs. Using Aboriginal staff along with Elders from the community was an attempt to appropriately serve the high proportion of Edmonton clients of Aboriginal ancestry. Still, staff at the Edmonton PSH did feel that Aboriginal frontline workers and outside Aboriginal resources were not available to the degree that they should be, and more consistent use of Aboriginal resources and locating of appropriate Aboriginal staff is a current concern at that site.

Interviewed staff members were not, generally, aware of specific day-to-day differences between the three protective safe houses. Staff desire more communication and consultation between the three houses with respect to service effectiveness and best practices.

2.3 Characteristics of Protective Safe House Clients

The following section summarizes research findings with respect to the number and characteristics of clients of the protective safe houses.

2.3.1 Number of Protective Safe House Clients

Based on Alberta Children's Services administrative data, detailed in Table 3, 194 clients had stayed at the protective safe houses during the 2001-2002 and 2002-2003 fiscal years. Client numbers were analyzed for 2001-2002 and 2002-2003 fiscal years only due to the changes in PChIP legislation that had significantly impacted the administration of the PSH in March of 2001. Client stays prior to this date were not deemed to be comparable for the purposes of analysis.

Edmonton's PSH had the highest number of clients over the two fiscal years, with a total of 110 client stays, or 56.7% of the total clients. Calgary's PSH had about three-quarters as many as did Edmonton, with 80 clients over the two years, or 41.2% of the total. Lethbridge's PSH received 5 client stays over the two years, or about 2.1% of the total.

Overall, the totals for the two respective years demonstrate a significant decrease in the number of clients across all sites. By province, the total number of clients by year decreased by 18.7% from FY 2001-2002 to FY 2002-2003. Most dramatically, Calgary's number of clients decreased by 33.3%. Those in Edmonton and Lethbridge decreased by 3.6% and 66.7% respectively.

Table 3
Number of PSH Clients for Fiscal Years 2001-2002 and 2002-2003

Region CFSA	Population by Length of Confinement (from FY 2001-2002)				Population by Length of Confinement (from FY 2002-2003)			
	Total	5-day	26-day	47-day	**Total**	5-day	26-day	47-day
Sun Country (Lethbridge)	**3**	--	2	1	**1**	1	--	--
Calgary Rockyview (Calgary)	**48**	8	34	6	**32**	13	17	2
MaMowe Capital Region (Edmonton)	**56**	30	22	4	**54**	11	33	10
Total for Regions	**107**	38	58	11	**87**	25	50	12

Source: Alberta Children's Services Administrative Data

2.3.2 Overall Characteristics of the Protective Safe House Clients

Research findings based on the literature reviewed are reflected in many of the specific characteristics of PSH clients noted by staff and stakeholders. Protective safe house staff and stakeholders provided their insights into the overarching characteristics of protective safe house clients, as well as how these characteristics impact the delivery of services at protective safe houses. Although many of these insights were common to all three protective safe houses, variations or differences are also noted below. These characteristics include the following:

- The vast majority of clients have been girls. Calgary's PSH has provided services to nine male clients since its inception. Edmonton has had three male clients and Lethbridge has had one male client;
- Most clients have either former or current child welfare status. Those at particular risk for victimization through prostitution are often under Permanent Guardianship Order (PGO). Few clients have had stable two-parent families: many are runaways and have been living on the street or with friends;
- Most of the clients have previously been the victim of sexual and/or physical abuse above and beyond their victimization through prostitution;
- Most clients are heavily involved in alcohol and drug abuse and often face severe health problems as a result of their involvement. The type of drugs most commonly abused varies by community or by child. Methamphetamine ('crystal') is said to be popular with Edmonton's street youth, crack cocaine and cocaine are more common with Calgary's street youth, and Lethbridge youth more often abuse alcohol and marijuana. Despite these reported trends, it is important to note that there is a great deal of variation with respect to the mixing of drugs and the length of involvement with particular substances depending on the individual;
- Many clients have had irregular or deficient eating or sleeping habits as a result of drug abuse or erratic lives;
- According to staff, there appears to be a disproportionately higher rate of undiagnosed Fetal Alcohol Syndrome and other developmental disorders amongst clients. Attention disorders appear to be common although they are not necessarily diagnosed;

- Many children were not involved in activities that meet the traditional definition of prostitution. For example, many children were exchanging sexual favors for drugs or lodgings. Staff noted that some clients do not admit to any form of prostitution-like activities, but their activities put them at severe risk of such activities. Many children do not understand they are being victimization by men who they consider to be boyfriends, but whose use and/or sale of them for sex constitutes prostitution; and,
- Many clients have repeat stays.

Specific characteristics that stakeholders and staff considered to be common for children at the protective safe houses include the following:

- Staff and stakeholders noted that clients will often tell those in authority what they want to hear and are often compliant with authority. They often know what authorities expect of them. They are also often distrustful of the child welfare and social services systems;
- They can also be aggressive and hostile, to the point of violence, especially when detoxing from hard drugs;
- Some staff described the children as being generally withdrawn, while others said that the children were typically seeking attention, demonstrating a wide variety of client types;
- The clients often have low self-esteem and distorted views of and/or intense concern for body image. A number of children have had eating disorders, according to staff;
- Sexual identity confusion (especially in the case of the male clients) or a general lack of a strong sense of personal identity and self-esteem in general were noted by staff;
- Staff noted that many of the children are accustomed to being relatively independent, keeping irregular hours and living without structure or rules. Many also made relatively high amounts of money. One staff member described the children as pseudo-mature in that they can, in superficial ways, appear to be more mature or older than they are;
- Stakeholders and staff noted that a high percentage of clients of the Edmonton protective safe house were of Aboriginal background, especially compared to that of the Calgary clients; and,
- Stakeholders and staff observed that prostitution in the Lethbridge area is less concentrated, obvious, or organized than that in Calgary and Edmonton. This disparateness has impacted the types of clients staying in the city's PSH. Much of the prostitution is so-called 'survival sex' for food, alcohol or drugs. Staff and stakeholders did comment that some prostitution in Lethbridge is of the traditional stroll or circuit variety, but that this was not, proportionately, as common as in Edmonton or Calgary.

2.3.3 Impacts of Client Characteristics on the Delivery of Services

Staff and stakeholders discussed a number of ways that client characteristics have impacted the delivery of services at protective safe houses.

2.3.3.1 Impact of High Rate of Drug Abuse by Clients on Delivery of Services

The high rate of drug abuse among clients, in addition to the fact that children who are admitted are usually currently using hard drugs, significantly impacts the delivery of PSH services. Staff have had to learn, through the information provided by AADAC workers and other resources, about both the effects of street drugs and about what happens to children while detoxing.

For example, staff cannot expect children who are detoxing to begin programming immediately, or even to stay awake or communicate for at least their first few days at the PSH. Many clients cannot fully participate in group activities, or any formal activities, for the duration of the first 5-day stay due to the effects of detoxing. In addition, past client drug use can affect moodiness, and lead to aggression and violence. As a consequence, all possible precautions must be made to ensure that children are constantly monitored and that facilities are 'danger-proofed.'

2.3.3.2 Impact of Aggressive Behaviour on Service Delivery

The anger and aggressiveness of some of the children has resulted in precautions in dealing with all aspects of the physical set-up of the protective safe houses, their services and programming. Constant intensive supervision of clients is necessary, and staff have had to reinforce some windows and walls, eliminate some furniture, and make other adjustments to the physical structures of their protective safe houses. Because some clients had been very aggressive at the Edmonton protective safe house, staff had been given self-defense training.

The differences in dealing with children who are withdrawn and those who seek attention or are aggressive has meant that staff cannot spend equal amounts of time with clients, especially when there are numerous children in residence. Children who are prone to outbursts or unruly behaviour are likely to receive more attention from staff. For this reason, it is easier for staff to develop more consistent relationships when there are fewer clients at the PSH.

The relatively fewer Lethbridge PChIP clients, and the fact that they have not been using hard drugs as commonly as clients in Calgary or Edmonton, has meant that the Lethbridge protective safe house staff maintain a less institutional feel, with less apparent need for extreme safety precautions. This has impacted such issues as the choice of furniture, or in not restricting children from the kitchen as is done in the Calgary PSH. Lethbridge's protective safe house does, however, have video cameras throughout that monitor all locations, as well as an especially safety proof bedroom (including plywood-reinforced walls) for children who are acting out.

2.3.3.3 Impact of Client Aboriginal Ancestry on Services

In Edmonton, the high percentage of clients of Aboriginal ancestry has meant an increased need for a more Aboriginal focus in services and programming, as well as more background information about Aboriginal culture and issues. Edmonton staff have been aided in this endeavor because a significant proportion of their staff are from Métis Child & Family Services. In addition, they have also invited an Elder to come in to talk to the children. One full-time staff member of Aboriginal ancestry worked in Edmonton at the time of this review.

The Calgary Wood's Homes campus offers a spectrum of available resources, including Aboriginal resources and staff, to be used by the protective safe house when needed. The Calgary site's staff felt that their Aboriginal resources were sufficient for the number of Aboriginal clients they received.

2.3.3.4 Impact of Client Developmental Disabilities and Attention Disorders

The high incidence of children with suspected Fetal Alcohol Syndrome, other developmental delays, and brain damage resulting from use of methamphetamine ("crystal") and other drugs had an impact on programming. Learning difficulties and attention disorders resulted in some difficulties in developing programs for these clients. Group work was cited as particularly problematic for some clients.

2.3.3.5 Impact of Client Gender on Service Delivery

Staff disagreed about the impact of gender on client dynamics. Some staff noted that the presence of a small number of male clients had not significantly changed the group dynamic. Others felt that the presence of boys in the protective safe house had been disruptive, and had resulted in some of the girls becoming more withdrawn.

2.3.3.6 Other Impacts on Service Delivery

Protective safe house staff mentioned that many of the clients are unaware or unconvinced that their victimization constitutes prostitution, or that they are at risk of becoming involved in prostitution. This has resulted in a need for staff to be sensitive about how this issue is broached in conversation or during group activities. The anger and aggressiveness of some girls has also impacted service delivery. Clients are often tough and will become defensive, so staff members have learned to bring up issues about prostitution slowly, beginning with 'dropping hints.'

According to some staff members, children involved in prostitution are not always motivated by money or material possessions; in fact, for those who do not recognize that they are being exploited, the main motivation can be the feeling of self-esteem or belonging provided by johns and pimps – the latter of these may also pose as boyfriends. As a result, the PSH staff considers it vital that the protective safe house help the children to build their self-esteem through focusing on each client's positive traits. In addition, the staff temporarily provides the support and encouragement that is usually provided to the child by the street community, pimps, and johns. Staff also downplays the status that some of the children feel they have attained through being involved in prostitution.

2.4 Issues and Needs of Clients

Significant themes emerged from the research focus groups and interviews with respect to the issues and needs of PSH clients. These, however, change significantly over the duration of clients' stay, with immediate needs typically being primarily addressed over the first five days, and more long-term needs and issues surfacing later in the stay.

2.4.1 Immediate Needs of Protective Safe House Clients

The early immediate client issues and needs outlined by PSH staff and stakeholders included the following:

- Extreme fatigue: Because many clients have not slept for days or have had irregular sleeping patterns (often due to drug use), many require immediate sleep;
- Hunger and malnutrition: Many of the clients have not been eating regularly or well, due to drugs, poverty, or lack of life skills;
- Detoxification from drugs: Most clients are coming down from drugs when admitted to the protective safe house, and their behaviour and needs can consequently be unpredictable or erratic. Most were said to require up to three days of sleep due to detoxification;
- Medical assessment, attention and treatment: Clients receive medical assessments, and, commonly, medical attention and treatment;
- Assessment for drug problems: Clients require drug use assessment and, usually, need to be introduced to appropriate resources;
- The need to feel and be safe (from pimps, johns, drugs, and street life in general): Clients were said to need to feel safe and secure and to feel able to talk to PSH staff and be listened to with respect; and,
- Basic personal grooming: The children require showers and additional basic personal grooming.

2.4.2 Long-Term Needs of the Protective Safe House Clients

The first five-day period, described by one staff member as "resources and encouragement," consists largely of assessment and meeting immediate needs. After the initial five-day period, staff begins to introduce programming in a more comprehensive way, at which point there is the expectation that clients will participate and will make more of an effort to interact socially. This is the point at which the client's more long-term needs or issues begin to be addressed.

Staff and stakeholders cited a number of long-term needs and issues:

- Introduction, contacts and referrals to resources: After making sure that clients' immediate issues and needs are met, they are introduced or re-introduced to available resources and services, such as AADAC. This can often be commenced in the initial five-day period, depending on the client;
- Basic skills and information to help them survive: Many clients require basic skills to allow them to function outside of prostitution and/or street culture. They need, for example, to learn how to cook and to acquire employment;
- Increased self-esteem: Many PSH clients are dependent on their pimps or other negative influences on their life for positive self-esteem. PSH staff members mentioned that they work on increasing clients' self-esteem through helping them to think constructively and positively, and by offering positive alternatives to street life;
- A window into the 'real world': Since many PSH clients have not led a 'normal' life, at least immediately prior to being apprehended, many benefit from structure, rules, security and care. Some staff mentioned that this allowed them to contrast their street life with a more normative lifestyle, and to gauge how far they had deviated from 'the real world.' In some cases, this contrast provides the incentive to move away from a street subculture, or at least to look at other options; and,
- Sexual health education: Clients often require sexual health education with respect to birth control, healthy sexuality, and information on sexually-transmitted diseases.

2.4.3 Extent to Which PSH Services Are Tailored to Individual Clients

PSH staff members were asked to what extent services and programming at the protective safe houses were tailored to individual clients. In general, staff members attempt to keep PSH programming and activities consistent for all children. However, many client factors impact the degree of consistency, including the following:

- Number of staff available to assist with programming or services;
- Client attention disorders;
- Ability and/or willingness of clients to cooperate or participate in activities;
- Level of client involvement in prostitution-related activities;
- Client sleep patterns and/or health;
- Staff perceptions of clients' need for alone or quiet time;
- Number of days client has been in the PSH; and,
- Duration of client stays.

In Calgary, the availability of a psychologist to advise staff and clients allows front-line staff to consult about ways to appropriately tailor the services of the protective safe house to individual clients.

PSH staff at the Lethbridge facility were asked about any special challenges they faced in tailoring their services and programming to individual needs (because the facility also houses children admitted under Secure Treatment Orders). Staff noted that children brought into the facility under a Secure Treatment Order often had commonalities with PChIP clients; in many cases, they suggested, these clients could have been admitted to the PSH under a PChIP order.

2.5 Other Options for Services

Other options for services provided at PSHs, including similarities and differences, obtained through staff and stakeholder interviews and focus groups are noted below.

2.5.1 Secure Treatment

Staff and stakeholders noted that if the protective safe houses did not exist, PSH clients would typically be placed in Secure Treatment programs. They did not consider Secure Treatment to address the needs of children involved in prostitution to the same degree as the protective safe house programs. For example, PChIP clients are free to talk about their lives in a non-judgmental and informed environment to a degree that would not be afforded in Secure Treatment. In addition, some staff and stakeholders were concerned about an increased risk of recruitment of youth into prostitution by placing sexually exploited youth in Secure Treatment. Staff mentioned that Secure Treatment in Edmonton was reluctant to accept some of the PChIP children who are more entrenched in prostitution, for fear of recruitment activities.

They also argued that those in Secure Treatment are often very different types of children than those apprehended through PChIP, and are more likely to have more severe mental health needs.

The placing of Secure Treatment Order and PChIP children in the same facility in Lethbridge, however, was not considered problematic by staff and stakeholders there. In Lethbridge, staff argued that its PSH was, in fact, seeing children who fit the requirements for apprehension under the PChIP Act being brought in under a Secure Treatment Order. There were several possible reasons for this given by staff: child protection workers may be more comfortable and familiar with the procedures and paperwork of the Secure Treatment Order than with those of the PChIP Order, and child protection workers may be wary of the possible stigma of a child being apprehended under a PChIP Order.

2.5.2 Voluntary Treatment

Though not in the majority, some staff and stakeholders believed that voluntary resources such as a regular, unlocked safe house like Safe Haven in Calgary, afforded better results than the PSH program. Other staff argued that voluntary facilities would only cater to those who were serious about making changes to their lives. Others argued that voluntary treatment would not work for many of the children, who would not remain in a voluntary setting because of a desire to continue living on the street or to use drugs.

2.5.3 Group Homes

Staff at the protective safe houses argued that former PSH clients are often not welcome at group homes, and are not a good match for such facilities. They were concerned that children in group homes did not receive services, information or resources with respect to prostitution, and that group home staff may not know or don't want to know about their involvement in prostitution.

2.5.4 Drug Treatment Centres

Staff and stakeholders often considered drug treatment centres to be the best alternative option (or subsequent option after release from the PSH) for many PSH clients. Lethbridge, for example, offers the option of referring the PChIP children to Sifton Family & Youth Services' drug treatment centre. They argued, however, that there was often a waiting list for these services. In fact, staff and stakeholders in all three cities identified the lack of long-term adolescent treatment for drug addictions as problematic.

2.5.5 Other Options

Staff and stakeholders offered the following suggestions for alternative or supplementary services to the PSHs:

- A halfway house or shelter, with monitoring systems, could help clients released from a PSH more effectively transition into the community; and,
- Staff also proposed the development of facilities similar to the PSHs to meet the needs of sexually exploited youth in the 18 to 24 year old category.

SECTION 3: Research Findings – Outcomes Stage

The Outcomes Stage of this report will present the review's research findings from staff and stakeholder discussions, on the results or impacts of PChIP and of protective safe houses. The outcomes stage seeks to address service efficacy and the protective safe houses' effect on clients and on child prostitution overall in Alberta.

Many of the research findings pointed to difficulties in assessing the impacts of the protective safe houses. Stakeholders often expressed that in some respects the impacts or outcomes of the protective safe houses are not all yet apparent.

3.1 Extent to Which the Services Provided By the Protective Safe Houses Are Accessed By the Target Population

3.1.1 Extent to Which PChIP is Reaching its Target Population

Stakeholders and staff generally believe that PChIP is reaching its target audience. However, it is still felt that there are children being victimized by prostitution who are not being reached.

Staff and stakeholders commented that the decreasing numbers of apprehensions over the last years could reflect police and child welfare workers not using PChIP orders to apprehend the target children to the extent that they could be. Staff at the Lethbridge PSH noted that many of the Secure Treatment Order children at the facility could have been apprehended under a PChIP order instead.

Staff and stakeholder gave the following possible reasons for gaps in usage of PChIP on the part of police and child welfare workers:

- A lack of familiarity with PChIP, especially in comparison with Secure Treatment Orders;
- A lack of familiarity with the paperwork required for the PChIP order;
- Negative attitudes about confining children;
- A feeling that children will suffer from stigma if apprehended under PChIP; and,
- Changes in police and social services staffing in recent periods leading to a decreased awareness or enthusiasm for PChIP.

Staff and stakeholders repeatedly suggested that police and workers in the field of Children's Services should receive an informal or formal annual 'refresher' course on PChIP in order to reinvigorate the number of apprehensions and re-familiarize stakeholders with PChIP processes and procedures.

3.1.2 Children Being Missed By the PChIP Legislation

Staff and stakeholders identified several specific groups of children who they considered to be missed by PChIP. These groups included the following:

- **Male Children:** Staff and stakeholders were concerned that protective safe houses were not receiving boys to the degree that they should. This could be due to the perception that young boys can look after themselves on the street. Male children, even those 'strolling,' were less visible, and less likely to be seen as involved in prostitution than female children. Much male prostitution is contained within the gay subculture, and may not be noticed by those outside of that world. Some staff and stakeholders referred to a recent conference in Calgary on male prostitution that had highlighted the severity of the problem and indicated that more needed to be done for male children involved in prostitution;

- **Children Who Do Not Recognize their Activities As Prostitution or Who Are Not Involved in Traditional Forms of Prostitution:** Some of the children who are not being reached are those who lack awareness that they are involved in prostitution. These children have 45-year-old 'boyfriends' who are providing them alcohol or drugs, for example. It is often difficult to convince them that their situation is a problem or involves their own victimization. In Lethbridge, the lack of a traditional stroll area has lead to increased difficulty in identifying grounds for apprehending children under PChIP. This issue was also raised in Calgary and Edmonton. In addition, there is increasing use of the Internet for prostitution, which is more difficult to monitor; and,
- **Children on Aboriginal Reserves:** Stakeholders were also concerned that involvement in prostitution for children on Aboriginal reserves were perhaps not being sufficiently addressed.

3.2 Effectiveness of Services at Protective Safe Houses in Addressing Client Needs

Staff and stakeholders did not always agree on the effectiveness of services. The major themes that emerged from interviews and focus groups are discussed below.

3.2.1 Overall Effectiveness of Services at Protective Safe Houses in Addressing Client Needs

Overall, staff and stakeholders believe that the services at the protective safe houses have been effective at addressing client needs. They also noted that the PSH services could be improved in a number of key areas. Both strengths and weaknesses of the PSH services are identified below.

3.2.2 Identified Strengths of the Protective Safe House Services

Staff and stakeholders mentioned that the following elements of the services of the PSH had been useful and effective for clients:

- Keeping Clients Safe and Secure: PSHs were considered by their staff to have done an excellent job in addressing clients' immediate needs through providing a safe and secure environment. Not only were clients in healthy surroundings, they were also consistently given medical assistance and information;
- Providing a Chance for Reflection: Stakeholders commented that the protective safe houses have done a good job in providing children the needed pause and structure required for introspection. Clients are given the chance to reflect on their otherwise frenetic lives, which is the first step to recognizing problems and thinking through possible alternatives. This was especially true for frequent repeat clients who are not being reached by other community resources;
- Demonstrating the Severity and Consequences of Prostitution: Through services such as meetings with AADAC staff and sexual health counselors, interactions with survivors, programming videos, and through being exposed to children at varying degrees of involvement with prostitution, clients often become more aware of the consequences of prostitution and of their activities on the street. This can allow clients who are newer to street life to consider the consequences of their actions;
- Planting the Seed for Future Changes: Even for those who may not be willing to immediately leave their street life or dangerous behaviours, staff and stakeholders noted that stays at the protective safe house can make an impact on clients by planting the seed for future change. This occurs through the development of relationships between clients and staff, both of the PSH and other service agencies, and through the introduction of available community resources;

- Giving Clients Choices: The PSHs were considered effective at providing clients with much-needed glimpses at a more normal life. Staff noted that an important component to this return to normality involved treating clients as children again: they start to remember what they used to want or what they have been missing in life;
- Providing A Non-Judgmental Place for Children to Get Help: An advantage of the protective safe house was that it is a non-judgmental resource. It is important that children not be stigmatized for their activities, as they are the victims in prostitution; and,
- Providing Dedicated and Sympathetic Staff to Assist Clients: Overall, the staff are considered a key strength because of their ability to provide sympathetic services and programming to an often very demanding client group. This dedication has meant that clients frequently stay in contact with staff by telephone after release, in order to update staff on their activities and to receive continued support.

3.2.3 Current Concerns with Respect to the Protective Safe Houses

Across all three sites, staff and stakeholders identified a number of concerns with respect to the services at the protective safe houses:

- **Periods of Confinement are Often Too Short**: Staff and stakeholders noted that the protective safe houses had more impact the longer the children stayed. Even 26-day confinement periods were not necessarily long enough to facilitate significant changes in a client's life. The respondents commented that more permanent or significant changes were more likely during the second extension of the period following the 5-day initial confinement (i.e. during the 26 to 47 day confinement period). One of the major reasons cited for the need for long periods of confinement was clients' often predominant drug issues, which require extensive long-term assistance;
- **Lack of Intensive Psycho-Therapeutic Component to the Programming**: Staff from all three protective safe houses commented on the lack of intensive, regular and ongoing client programming involving psychologists or psychiatrists. Although all sites had access to psychological resources, including part-time access to a psychologist at the Calgary site, a more intensive psychological component to the services is thought by staff to be needed. Regular and routine one-on-one counseling is also a gap in the programming. Relationships built by the Calgary psychologist with the PSH clients were said to have been extremely helpful. Staff and stakeholders also expressed frustration that PChIP clients were not getting psychological assessments, while children brought in under Secure Treatment Order were – even though both groups of children were often dealing with similar issues;
- Stakeholders and staff felt that the structure, rules, and regimen of PSHs are beneficial to clients. Once released, however, former clients often face a total lack of structure and too many choices. Suggestions included providing clients with orientation sessions for their subsequent placements, including family visits and tours of group home placements;
- **More Follow-Up With Former PChIP clients:** Follow-up was another identified gap in PSH services. Some work is done in the area through Community Follow Up Workers in Edmonton, through the Exit and TRAC outreach services in Calgary and Lethbridge, and through informal contact of former clients with PSH staff by telephone, but it was felt that more improvements could be made. More follow-up would allow for more successful long-term outcomes. Follow-up would give the children more of a feeling of connection and consistency in their lives. This stability could help them to eventually exit prostitution;

- **More Structure in Programming**: Some staff felt that PSH programming could, overall, be more structured, go deeper into subject topics, and take on more life skill instruction on topics such as sewing, cooking, resume writing, job hunting, or basic activities such as riding public transportation. Some stakeholders and staff in Edmonton and Calgary felt there was an over-reliance on videos and television to fill client activities;
- **More Time Devoted to Carefully Selecting and Coordinating Placements**: Some stakeholders noted the importance of placements, arguing that they can reaffirm or negate work done in the protective safe house. If placements lack structure, clients can experience setbacks;
- **Staff Require More Information and Resources for Handling Client Detoxing**: While staff make use of AADAC and other resources on drug use and the effects of narcotics, many staff were nervous about their relative lack of knowledge and available resources when children are brought to the PSH in a state of heavy detoxing. An onsite nurse or further information on detoxing could alleviate staff concerns about not knowing at what point to take children into emergency medical services – a process that is disruptive and difficult;
- **Need for More Interesting and Frequent Physical Activity.** Staff at all three PSHs, as well as stakeholders, identified a need for more physical activities and, if possible, more outside time and activities in a large, secure outside area;
- **Nicotine Replacement:** Staff disagreed about whether or not the clients who smoked should be allowed to smoke cigarettes or have some form of nicotine replacement. Some staff argued that it was too physically and emotionally demanding on both the clients and the staff to have the children going without cigarettes when already detoxing from hard drugs. Other staff members were adamant that children not be allowed to smoke. With new legislation prohibiting smoking for those under 18 in Alberta, this issue may become more a matter of allowing children to have access to nicotine patches.

3.2.4 Issues Around Effectiveness of Services at the Edmonton Protective Safe House

Staff and stakeholders were asked about the effectiveness of services at each of the respective PSH. In addition to the overall issues discussed above, site-specific issues noted by Edmonton staff and stakeholders are included below:

Table 4
Edmonton Service Effectiveness Issues

- Some Edmonton PSH staff members suggested the need for more rules, formality and more structure in programming and services. Several staff commented that there was an over-reliance on videos for programming, and that more organized activities should be undertaken with clients.
- While efforts had been made with respect to this issue, more Aboriginal programming and Aboriginal staff would be helpful. There has been some difficulty in encouraging Elders to regularly come in to talk to clients.
- Sometimes staff need to separate clients who are more entrenched in prostitution and street life from the novices so that they do not exchange telephone numbers or recruit them. In the words of one staff member, the PSH "should not become a breeding ground for sharing crime stories and making bad connections".
- Staff felt that the physical environment needs to be made more comfortable and less make-shift in order to foster more of a homey feeling for clients. The division of the PSH into two areas, one with the bedrooms and kitchen and one with activity rooms was awkward at times and had resulted in concerns around safety and security.

3.2.5 Issues Around Effectiveness of Services at the Calgary Protective Safe House

The following overall issues with respect to PSH services were identified by stakeholders and staff in Calgary:

Table 5
Calgary Service Effectiveness Issues

- While the AADAC programming is working well, the need to transition clients into more long-term addictions treatment was identified by staff as a major gap in Calgary services.
- Regular consultation with a psychologist was beneficial for the staff and clients of the PSH. While the psychologist was unable to undertake regular and intensive psychological counseling with all clients, she had made a significant contribution to the PSH through regular advising of clients and staff and designing the skills training programming. This programming includes activities such as breathing exercises, how to say no, and other basic and appropriate exercises for the clients.
- As in Edmonton, staff expressed a need to maintain more client contact following release on a more consistent basis.
- Staff noted that the physical structure of the PSH was awkward for staff, on occasion. It was sometimes difficult to go back and forth between the young boys downstairs and the young girls upstairs, when necessary. One staff member noted that this had caused some occasional safety concerns when staff members were alone in separate areas of the building.

3.2.6 Issues of Effectiveness of Services at the Lethbridge Protective Safe House

Concerns specific to the Lethbridge PSH as expressed by PSH staff included the following:

Table 6
Lethbridge Service Effectiveness Issues

- The connection of the PSH with TRAC Outreach services was considered helpful for both clients and staff.
- Although comfortable and homey, the Lethbridge PSH was sometimes too small for clients, especially due to the sometimes very energetic nature of both Secure Treatment Order and PChIP clients.
- The division of the PSH in Lethbridge into two completely separate sections was considered a huge obstacle in effective services and staffing, since staff were forced to travel outside and between sides, which required more staff for client supervision and wasted staff time.
- More life skills programming is needed as well as deepening and extending the clients' relationship with AADAC.

3.2.7 Effect of the Change to PChIP Legislation of March, 2001

Overall, staff and stakeholders were positive about the effects of the changes in the PChIP legislation. They commented that the previous three-day period was usually only enough time for clients to detox, and did not allow for the development of more meaningful relationships with staff, for clients to be introduced to external resources, or for the implementation of extensive programming. Although some staff preferred the 72-hour period because the children perceived it to be less punitive, most staff and stakeholders believed it to be too short. The overall impression from staff at all three protective safe houses was that the longer stays had improved outcomes.

Some issues developed when children who had stayed at the PSHs prior to the change in legislation were placed in the PSHs after the extension of the confinement periods. This change caused an unanticipated amount of anger and frustration. Some staff members commented that clients perceived the longer confinement periods as more punitive. Staff then had to control clients who were angry and unruly because they were used to shorter confinement periods. As one stakeholder put it: "*[After the legislation changed] and it was 5 days then 21 days they were angry, well-rested, sober, well-fed and locked-up teenagers. They didn't want to be there anymore, and why are the people abusing us still on the streets? We weren't prepared for all that anger because we hadn't gotten any for the past 2 years.*"

The degree of overall client anger was said by staff to subside after a transition period, since more and more subsequent clients after the legislation change were "first-timers" who had never known shorter confinement periods.

3.3 Collective Impacts of the Protective Safe Houses and of the PChIP Legislation

While there are limitations and gaps in both the services offered by protective safe houses, and in the overall continuum of services for children involved in prostitution, staff and stakeholders were, overall, fairly positive about the collective impacts of PSHs and PChIP in several key areas.

3.3.1 Increased Exposure of the Issue of Child Prostitution

Stakeholders believe that the presence of the protective safe houses and the PChIP legislation had helped to raise awareness and increase exposure on the subject of child prostitution in Alberta.

This exposure was seen as especially positive given that it had changed attitudes and discourse around the issue. The issue is no longer widely seen by the public, police, and those in social services as one involving children making a choice to become prostitutes. Instead, the issue has become more focussed on the sexual victimization and abuse of children by adults. To quote one stakeholder, PChIP has "*raised the issue, the police are more concerned on the streets and it has made a lot more people aware to look and question.*"

Staff in Lethbridge commonly made the point that, unlike in Calgary and Edmonton, there was still a lot of work to be done in educating the public and improving awareness of the issue of the victimization of children through prostitution: "*Lethbridge is behind in thinking the problem even exists. […] Child welfare needs to realize that beer and a place to sleep for sex is prostitution.*"

3.3.2 Less Availability of Children for Johns

Some stakeholders believe that PChIP may have had an impact on decreasing the availability of children for johns and that the legislation has decreased the acceptability of children prostituting in known stroll areas. This was considered by some to have decreased the number of children involved in prostitution. Unfortunately, PChIP has had less of an impact on those involved in survival sex for shelter or drugs, and on other subgroups such as male children involved in prostitution.

3.3.3 Facilitated Communication between Community Groups

Stakeholders commented that the presence of PChIP and of the protective safe houses has facilitated more communication between community groups. This has resulted in increased understanding by those involved in social services about the street population and youth in need of the available community resources. Communication between agencies and services has been facilitated in the following ways:

- PChIP had raised awareness of the services (or lack of services) for street youth and facilitated more communication between vice unit police officers and those who work in the field of social services for youth. One stakeholder in Edmonton noted that PChIP had facilitated a more effective continuum of services by helping the community to bring together all its resources on youth and prostitution. The community and its agencies had been more effectively educated on the issues at stake, and there has been a consequent broadening in the scope of resources;

- A raised awareness of services for adults working in prostitution through more communication about the issue of prostitution in general;
- Raised awareness of who in the community can provide information or services for those working with children at risk of involvement or involved in prostitution; and,
- The protective safe house can flag youth involved in prostitution in order to facilitate action by others in the social services or care communities. This has been well coordinated by having a PChIP worker who works with both child welfare/child protection workers and other agencies.

3.3.4 Services such as the Exit Van and TRAC are Steering Kids into Resources

The outreach resources of PChIP such as the Exit Van in Calgary and the TRAC team in Lethbridge are having an important impact by steering children into preventative resources or away from the trouble that would have otherwise seen them later staying at a protective safe house. For example, the Lethbridge PChIP staff estimated that the TRAC team, who offer early intervention and prevention, connects with between 300 and 500 children a year.

3.4 Unintended Impacts of Protective Safe Houses

Stakeholders and staff were not in agreement about some of the unintended impacts of the protective safe houses. The major arguments put forth by both groups are detailed below.

3.4.1 Forcing Child Prostitution Underground

The question of whether or not PChIP had forced child prostitution further underground (or made it otherwise less publicly visible) was controversial with stakeholders and staff.

Some believe that the PChIP legislation and the use of protective safe houses has driven child prostitution away from the public eye. Stakeholders and staff argued that child prostitution is increasingly moving into trick pads or more commonly operating through word-of-mouth rather than through traditional strolls. One stakeholder commented that this was particularly true in some immigrant communities, which are more closely connected through word-of-mouth.

Other stakeholders and staff believe that due to the increased accessibility of cellular phones and use of the Internet in the last decade, prostitution involving children was headed underground regardless of PChIP. One stakeholder argued that it always was underground. In Lethbridge, the point was not as applicable, since most of the prostitution was underground prior to PChIP.

While uncertain on this point, one stakeholder commented that perhaps underground prostitution has the advantage of being relatively safer for some of the children involved.

3.4.2 Recruitment

Staff argued that some recruitment of those at risk of prostitution or novices to the scene by those more firmly entrenched had taken place at the protective safe houses. Staff felt that they could not always monitor the exchange of phone numbers between clients, especially if done verbally. As one staff stated: *"It has definitely happened that girls are being recruited because they pass on phone numbers of friends, pimps and drug dealers."* The inability to consistently divide clients within or between protective safe houses has, in some cases, made the situation more difficult. In addition, busier times at the protective safe houses could result in more recruitment. As one staff member commented, *"When there are 5 girls, staffing can be an issue and the proximity can be an issue [in recruitment]."*

Staff at one PSH mentioned that admitting one girl who was a known recruiter would force staff to find alternative places for at-risk clients that were currently at the protective safe house.

Recruitment was recognized as a serious risk when mixing children at various stages of involvement in street life and prostitution. However, it was also often argued that this mix could, in other cases, have the opposite effect. Clients who are more entrenched in their involvement can function as warning signs to those on the cusp of involvement in prostitution by scaring them away from street life. This situation can help to reduce the 'glamour' of the street for those who may only be in the 'honeymoon' period before the negative effects of street life and drug use manifest themselves.

3.4.3 Retaliation

Some stakeholders believed that there may have been some negative repercussions from pimps, friends or others as a result of children being apprehended for PChIP. However, this issue was not often raised, and one stakeholder who worked closely with the children argued that she was not aware of clients who had suffered retaliation. Staff also mentioned being surprised that there was no active retaliation, harassment, or security concerns from pimps at protective safe houses. One staff person commented that pimps just wait out the confinement period. However, staff also believe that youth involvement in prostitution is more drug-driven than pimp-driven than had been originally anticipated.

The issue of retaliation was most frequently raised by protective safe house staff in cases where pimps were turned in by PSH clients.

One stakeholder argued that many of the children who are repeatedly apprehended to the protective safe house want to be there, and are thankful that they can blame their apprehension on someone else (such as a child welfare worker or police officer) so as to not have a high risk of suffering retaliation.

3.4.4 Moving Child Prostitution to Other Provinces

Some stakeholders argued that PChIP may have led to child prostitution activities being moved out of Alberta by organized crime groups or pimps. One stakeholder in Calgary said that he believed a number of children have moved or been moved out of the province to areas such as Toronto and Vancouver.

3.4.5 Failure to Deal with Sexual Offenders

Among the arguments made for the unintended consequences of the protective safe houses was that the children who are apprehended are made to feel that those in authority are not dealing with the criminals (the johns and pimps) and are focusing punitive action on the victims (the children). The children were described as often being angry that the community is more focused on locking up children than on punishing those involved in the crimes.

3.4.6 Children May Feel Distrust with Social Agencies or Believe that they Have a Criminal Record

While a minority opinion, some staff commented that for some children, the stay at a locked facility such as a protective safe house could deteriorate their trust in social agencies in general, or social agency staff in particular.

In addition, some children believed that their confinement gave them a permanent, or criminal, record.

One staff member also suggested that some of the children may go Absent Without Leave (AWOL) from placements sooner due to longer stays at the protective safe houses. They have already been locked up for many days and may be more immediately impatient with following further rules at their placements after the PSHs.

3.4.7 Lack of Resources when Children Turn 18

Staff and stakeholders noted that clients who had previously stayed (often repeatedly) in protective safe houses were not able to access comparable resources once they reached the age of 18. This was seen to be problematic because clients had come to depend upon these resources.

3.4.8 Parents or Guardians of Clients Have a Period During Which They Know Their Child Is Safe

A positive unintended consequence mentioned by stakeholders and staff was that by placing children in a protective safe house, PChIP allows some parents and guardians to feel relieved that their child is safe, at least temporarily. This was sometimes a much needed and therapeutic break from the constant worry and stress of having children who are Absent Without Leave and living dangerous lives on the street. This time can allow parents to assess what they need to do to help their child, as well as to make decisions and recuperate from their constant worry.

3.5 Cost Effectiveness of the Protective Safe Houses

3.5.1 Cost Effectiveness in Relation to Other Approaches to Providing Services and Protection

In examining the cost-effectiveness of the PSHs, the review calculated client per diem rates for each of the three protective safe houses. These per diem rates were calculated based on the cost to Alberta Children's Services. Total costs to the Ministry were divided by total client days of each PSH from Child Welfare Information System data for the fiscal year of 2002-2003. These calculated per diems were then compared with those of a similar facility: the Edmonton Yellowhead Youth Centre Campus Secure Treatment facility. Results are detailed in Table 7.

The Edmonton Yellowhead Youth Centre Secure Treatment is comparable to PSHs in that it is a secure facility for youth needing constant supervision and services. Secure Treatment is very restrictive, and is only used in cases when children cannot be sent to a less supervised and confined setting. The comparability is limited, however, as the types of services are not the same (for example, secure treatment provides a more intensive treatment component to their services, and does not specifically deal with the issue of prostitution).

A limitation of this type of cost effectiveness analysis is that it does not factor in the outcomes of clients in order to gauge the client costs versus "successes." In other words, while comparing per diems may suggest differences in client costs to the Ministry, the data does not factor in the cost of successfully meeting predefined service benchmarks. This analysis also does not factor in potential reduced cost to the government as a result of PSH stays through possibly reduced future health care, treatment, social service or criminal justice costs.

PSH costs per client include community outreach, follow-up services and other costs covered under the budget, such as the Lethbridge TRAC Unit, which undertakes community services for youth in the area. It should also be noted that the Lethbridge per diems do not factor in the amount of delegated PChIP funds that were used for on-site care for Secure Treatment children sharing the same facility.

Table 7

Per Diem Rates for FY 2002-2003 for PSH and Comparison Site

Per Diem Rates for Protective Safe Houses	**Cost to Ministry**	**Total Client Days**	**Per Diems**	**Occupancy Rate**	**Per Diems Based on 100% Occupancy****
Edmonton Protective Safe House	$873,180.00	1,002	$871.44 per client day	55%	$478.45
Calgary Protective Safe House	$815,000.00	368	$2,214.67 per client day	20%	$478.45
Lethbridge Protective Safe House	$410,000.00	4	N/A*	N/A*	N/A*
Per Diem Rates for Comparison Site					
Yellowhead Youth Centre Secure Treatment Facility			$385 per client day*	Approx. 98%	$377.30

* Lethbridge PSH is shared with Secure Treatment Order clients, thus per diems and occupancy cannot be determined based only on PSH clients

** Full occupancy is based on current staffing and resources levels for 1,825 client days (365 days X 5 potential client beds)

As noted in Table 7, the costs for Secure Treatment are well below those of all three protective safe houses based on current occupancy. Secure Treatment per diems of $385 were only 44% of those of the Edmonton PSH, the most cost effective of the three PSHs. This is partly due to the consistently high rate of occupancy at the Secure Treatment Centre compared to all of the PSHs. When comparing the per diems of the facilities based on 100% occupancy, the difference between the Secure Treatment and PSH facilities is considerably less, only 27% greater at the PSH.

3.5.2 Increasing the Number of Apprehensions to Improve Cost-Effectiveness

Some stakeholders considered one weakness of the protective safe houses to be that they too often went unused when they could be serving more children in need. Staff members were often not busy and beds were unused. This was not seen as an issue pertaining to the protective safe house itself, but one best addressed by those agencies (police, child welfare workers, and others) who should be doing more to make apprehensions. As one staff member commented, the staff and beds cost the same if they are being used or not. However, empty PSH beds do not mean that the problem of child prostitution has been solved.

3.5.3 Cost Effectiveness at the Lethbridge Protective Safe House

Demonstrating a low number of PSH client stays, the PSH facility in Lethbridge has been primarily used for caring for the Secure Treatment Order clients who share the suburban duplex facility. While PChIP funding has been used for community education, outreach and other activities related to PChIP (such as through the TRAC program), with few exceptions the PChIP funding has been used for caring for Secure Treatment Order clients, given the low number of apprehensions.

The cost of keeping a protective safe house in Lethbridge was argued as offset partially by not having to transport children to Calgary for stays. In addition, staff suggested that Lethbridge's PSH beds could be used for overflow places for children from Calgary and Edmonton, or for those clients of the Calgary and Edmonton PSHs who should be separated from other clients at their home PSHs.

The outreach TRAC program (funded through PChIP) in Lethbridge was considered cost effective because it acts as an early mechanism to connect children with resources. This preventative approach might keep children from making poor decisions or being more easily victimized – resulting in subsequent stays in the protective safe house.

In addition, the Lethbridge protective safe house staff has battled local zoning restrictions and community concerns in order to remove a wall that separates the two sides of the duplex facility. All of the Lethbridge PSH staff who were interviewed believe that the removal of this wall would decrease the number of staff needed for the operation of the PSH, thereby increasing cost effectiveness. It was felt that the advantages of having a facility that can be separated into two distinct areas could be maintained if the upper floor's middle wall were replaced with a sliding door.

3.5.4 Other Methods For Improving Cost Effectiveness

Some staff and stakeholders suggested that implementing more prevention and education in schools would be a good way to spend PChIP funds in a cost efficient manner.

3.6 Findings from the PChIP Client Interviews

PSH client interviews were undertaken to determine the types of clients in the PSHs, what services and resources clients accessed, opinions about the PSHs and their effectiveness, and to what extent clients felt the PSH had impacted their lives. More detailed information on client outcomes was difficult to obtain through client interviews given the limitation of memory, unwillingness to answer questions, and other factors. Interviews were undertaken with nine PChIP clients in total, including one who had stayed at the Lethbridge PSH, two who had stayed at the Calgary PSH and six who had stayed at the Edmonton PSH.

Key themes did emerge from the interviews. Many of these themes have been touched on throughout the report from the perspective of staff, stakeholders and researchers in literature, but specific detail in terms of client perspectives is included below. By including the results of the client interviews separate from those of staff and stakeholders, it is felt that client issues and concerns are more clearly identified. It should be noted that, due to the difficulty in contacting clients for interviews, interviewed clients may have been, in some cases, those who were more stable, compliant and less transient, and can thus be seen as more typically the "success" stories. As such, they may not be representative of the entire client population.

3.6.1 Circumstances of Client Apprehensions

Clients often feel that their PSH apprehension is unwarranted.

PSH clients were asked about the circumstances of their apprehensions. Five of the nine interviewed clients felt that at least one of their apprehensions was unwarranted, despite describing apprehension situations that demonstrated they were in situations involving significant danger or risk. These include working in strip clubs underage, or living with adults involved in prostitution.

Clients stated a variety of factors that lead them to be involved in or at risk of prostitution.

Clients were asked what initially lead to their being at risk of, or involved in, prostitution. Many factors were discussed. These included:

- The need for money, often for drugs specifically;
- Exposure to prostitution through friends or roommates;
- Exposure to prostitution in their neighborhood;
- A desire to be independent;

- Forced to become involved through abusive boyfriend; and,
- Working in strip clubs.

3.6.2 Client Perspectives on PSH Services and Resources

Clients remembered the PSH staff being helpful and were, overall, grateful that they had had a chance to talk about and think through issues in their lives.

Clients described a wide range of activities that they took part in, including meeting with AADAC workers, sex education workers, and others. Overall, they felt that the most important aspect of their stay had been the chance to think about their lives in a place conducive to introspection. Many clients described how their time on the street had been too hectic for them to plan or think through what they were doing. The stay in the PSH had, for many, been a chance to take stock of their situations, and to begin to think about making positive life changes. As one client stated, *"Whenever I needed someone to talk to, staff were there."* Another stated, *"I needed the chance to be away from people. I needed to take some deep breaths that I could not get when I was on the streets."*

Clients found information about drugs and prostitution helpful and memorable.

Clients often remembered the information that they had been given about drugs, sex and prostitution, and often said their discussions with AADAC workers had been helpful. Clients had often used their stay as their first step toward seeking drug-free lifestyles. One client stated that she had not done any drugs since the PSH as a result of her stay.

Clients often complained that their stays were too unstructured and involved too much television.

Clients often expressed impatience with the lack of structure and activities at the PSHs. Many complained that too often they were left simply to watch movies or television. While there was an appreciation for the resources and activities that were provided, clients seemed to have too much unstructured time and grew bored throughout their stays. This boredom created resentment and frustration.

Clients often stated that the longer they stayed, or the more repeat visits they had, at PSHs, the more they appreciated the services and staff.

Clients are often very hostile to being at the PSH on their first apprehension, or at the beginning of their apprehensions, and become more receptive and positive the longer, or more often, they stayed. There was an increasing awareness that the stays were for their own good after longer durations. In addition, it was felt that clients became more serious and focussed about being there after the first few days.

Most of the clients complained about their inability to smoke in PSHs.

Six of the nine clients interviewed complained about their inability to smoke in PSHs. Often clients complained that the stress of coming off hard drugs was compounded by the nicotine withdrawal.

Clients also commented that they wanted more outdoor space and activities.

Some clients commented that they would like more fresh air, more outdoor space, and/or more outdoor activities.

3.6.3 Impact of PSHs on Clients

Clients had sometimes used their stays to make positive changes in their lives.

Even clients who were less positive about their stays at PSHs felt that there had been positive consequences of staying there. From the interviews, the positive effects noted by clients included:

- Several clients stated that the PSH had allowed them to detox after long periods on hard drugs;
- Two clients said they had given up drugs as a result of their stay;
- The PSH encouraged a client to feel she would never get involved in prostitution;
- One client set up a job interview for a summer job while in the PSH;
- One client said she was helped to discover her own sense of identity, and the stay had given her increased self-esteem;
- One client finished her school program while in PSH; and,
- One client felt her time with the counsellor in the PSH helped her with her bulimia.

Many of the interviewed clients continued to access resources that they had been referred to at PSHs.

Six of the nine clients stated that they had continued to make contact with the resources that they had been referred to while in PSH, and one who was in the PSH while interviewed stated she would continue to make contact with the Outreach worker. Those interviewed were often still in contact with a variety of resources, including AADAC workers, CFUW workers, PChIP workers, and even with frontline PSH staff through calling the PSH from time to time.

Two of the clients had turned themselves in for apprehension to spend time at the PSHs.

Two of the clients interviewed had volunteered themselves for apprehension to PSH. They were girls who had previously been in the PSH and who subsequently felt they needed additional stays in the PSH. These girls had reached what they felt to be a crisis stage in their risk taking behaviour on the streets (including heavy drug use), and turned themselves in for their own safety.

Clients remarked that there was a high risk of contamination of those not heavily involved in prostitution by those who were more entrenched in the lifestyle.

Three of the nine clients interviewed mentioned that they felt that protective safe houses should do a better job of ensuring that some girls are not at risk of 'contamination' by those who are more involved in prostitution. Suggestions were made that those who are at risk should be separated from those who are more heavily involved.

A fourth girl described how, in her first stay at PSH, she had been given information from other clients about johns. She argued that it was her stay at the PSH that got her involved in prostitution, through the connections that she had made there.

3.6.4 Additional Support for Children Involved in Prostitution

When asked what clients would do to help others exit prostitution, many said they would recommend the PSH, among other strategies.

Four of the nine clients said they would tell others about PSHs if they wanted to exit prostitution. Two clients stated that they felt that more public awareness of the PSHs would increase usage by those wanting to exit. Other suggested means that clients would use to help friends exit include making referrals to AADAC workers, other counselors, and the use of peer mentoring.

3.6.5 Comparisons with Other Mandated Stays

Some clients had other types of mandated stays to which they could compare PSHs.

Clients frequently had had other types of mandated stays such as stays under Secure Treatment Orders or stays in jail. Comments with respect to comparisons of Secure Treatment and PSHs included:

- Secure Treatment was not a place that those involved in prostitution can fit in;
- Secure Treatment allowed for more outdoor activities and more outdoor space; and,
- Secure Treatment does not provide clients with information, nor does it give clients anyone with whom they can talk.

The *Protective Safe House Review* sought to determine the extent to which protective safe house clients are reconnected with family care or support.

For the purpose of reporting on the measure the following definitions were used:

"Protective safe house clients" was defined as children who were confined to a protective safe house between January 1, 2002 and December 31, 2002.

"Reconnected with parents or other family care and support" was defined as meaning that, immediately following release from a protective safe house, children are living for a period of 90 days, with (a) a parent, (b) a guardian, (c) an extended family member, (d) a responsible adult approved by a social worker, or (e) in an open placement.[1]

4.1 Description of Data Sources and Methodologies

Alberta Children's Services Child Welfare Information System (CWIS) data was used to track client outcomes after their stays at the protective safe house for the calendar year 2002. Data from two separate databases consisting of *all stays* and the *last stay* were formatted and coded by the Consultant for use in SPSS.[2] These two databases were used to analyze client placements through cross tabulation by such variables as 'length of stay' and 'location of PSH.' The 'all stays' database consisted of 105 records and the 'last stay' database consisted of 61 clients. Eight placements were not factored into the analysis since their PSH stays, while beginning in 2002, ended in the calendar year of 2003. Client last stays were the basis of reporting on the performance measure.

Clients who were Absent Without Leave (AWOL) for longer than 3 consecutive days or who were placed in criminal justice care (such as in youth corrections facilities) during the 90-day post-release period were deemed to have been unsuccessful in demonstrating a reasonable degree of stability. Successful post-release clients (successful placements) were those able to remain in CWIS-tracked placements for 90 days without over three days of AWOL or any noted apprehension by the criminal justice system.

In consultation with the Client, coding schemes were developed to code for the following:

- Successful placements;
- Length of stay at PSH;
- Location of PSH;
- Type of placement; and,
- Reason for client failure.

Coding occurred simultaneously in both databases to facilitate computation of cross tabulations.

Clients whose PSH stays ended after December 31, 2002 were not included in the sample.

---

[1] Open placement includes residential care, group homes, and foster care.

[2] Many clients had protective safe house placements multiple times within the calendar year of 2002. For the purpose of analysis, 'All stays' refers to all client placements within protective safe houses within the calendar year of 2002, including multiple stays by the same client. Client 'last stays' involve only the last stays that fall within 2002 for each client. Client 'last stays' were the basis for reporting on the performance measure.

4.2 Percentage of Protective Safe House Clients that Reconnect With Family or Other Support

4.2.1 Reconnection Rates from Alberta Children's Services' Data

While based on a relatively small sample group, half (50%) of PSH clients of the year 2002 who could be tracked using CWIS data demonstrated stable placements upon their release, when looking at client last stays.

The following section outlines the reconnection rates from clients' last stay in a protective safe house during the calendar year 2002. Table 8 below details client success based on the 90-day stable placement guideline as determined by Alberta Children's Services. Measured from the clients' last stays in a PSH in 2002, 28% of clients were considered to have successful placements, while 28% of clients were deemed unsuccessful. Excluding those clients whose stability could not be determined from the CWIS data or who turned 18 during the period examined, 50% of 'valid' clients were deemed to have demonstrated a successful level of stability. It should be noted that these rates are based on a small sample of the PSHs overall client cases (i.e. only those cases with sufficient information to determine success, and only those cases whose PSH stays were in 2002).

Table 8
'Success' of Clients after Last PSH Stay (90 Days)

Status	Number of Clients	% of Clients	Valid %** (N=30)
Successful placements	15	28%	50%
Unsuccessful placements	15	28%	50%
Turned 18 during 90 day period	4	8%	
18 when apprehended	1	2%	
Not Applicable*	18	34%	
Total Placements Considered	**53**	**100%**	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.
N=53
*No information available after PSH stay.
**Valid percent does not include those clients that were Non-qualifiers and Not Applicable, nor those who were or turned 18 during PSH or the 90 day period after PSH.
Note: May not add to 100% due to rounding.

Based on a 30-day measure, 57% of clients were deemed successful upon their release from a protective safe house.

For comparison purposes, Table 9 outlines client success if the performance measure was based on a 30-day outcome rather than the 90-day measure. Client success increases slightly by 4% to 32% (or 57% when excluding those clients whose stability of placements could not be determined) based on this measure.

Table 9
'Success' of Clients after Last PSH Stay (30 Days)

Status	Number of Clients	% of Clients	Valid %**(N=30)
Successful placements	17	32%	57%
Unsuccessful placements	13	25%	43%
Turned 18 during 90 day period	4	8%	
18 when apprehended	1	2%	
Not Applicable*	18	34%	
Total	**53**	**100%**	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.
N=53
*Insufficient information available after PSH stay.
**Valid percent does not include those clients that were Non-qualifiers and Not Applicable, not those who were or turned 18 during PSH or the 90 day period after PSH
Note: May not add to 100% due to rounding.

Clients who stayed in the PSH for a period of 27 to 47 days were most likely to demonstrate successful levels of stability following release.

As detailed in Table 10, of the 5 clients whose stays were 27 to 47 days in duration, 4 (or 80%) demonstrated a successful level of stability. This period of confinement demonstrated the highest level of client success.

Clients who stayed in the PSH for a period of 6 to 26 days were least likely to demonstrate successful levels of stability following release.

As also detailed in Table 10, clients whose stays were 6 to 26 days in duration were least likely to demonstrate successful outcomes. Almost two-thirds (63%) of clients with stays of that duration demonstrated unsuccessful placements after release.

Table 10
'Success' of Clients after PSH by Length of Stay (90 days)

Status	Number of Clients by Period of Length of Stay					
	0-5 Days		6-26 Days		27-47 Days	
	#	%	#	%	#	%
Successful placements	5	33%	6	40%	4	27%
Unsuccessful placements	4	27%	10	67%	1	7%

Source: Alberta Children's Services Child Welfare Information System Data.
N=30
Note: May not add to 100% due to rounding.

For the calendar year 2002, 73% of 'successful' clients had one stay at a protective safe house.

Based on last stays, those clients that were 'successful' usually had only one stay (73%) in a protective safe house during the calendar year of 2002.

Table 11

Relationship Between the Number of Stays at a PSH and Client Success

Number of Stays	Count	%
1 Stay	11	73%
2 Stays	2	13%
3 Stays	2	13%
Total	**15**	**100%**

N=15

Note: May not add to 100% due to rounding.

For those clients that were deemed 'unsuccessful', 87% went AWOL after their release from the protective safe house.

Reason for failure of clients to meet the criteria for successful placements is detailed below in Table 12. Of those that were not successful, 87% were 'Absent Without Leave' for more than three consecutive days and 13% went into police custody during the 90-day period following their release.

Table 12

Reason for Failure of Client to Meet Criteria for Successful Placements for Performance Measure

Reason	Number of Clients	% of Clients
AWOL	13	87%
Police Custody	2	13%

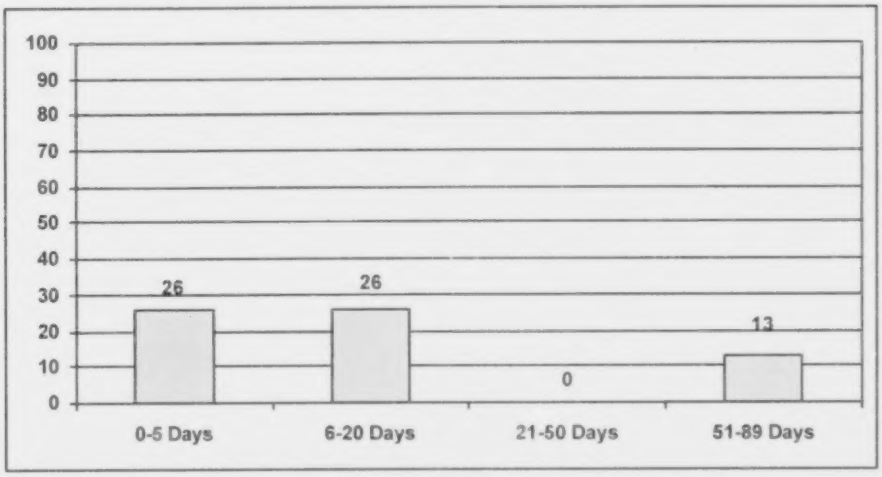
Source: Alberta Children's Services Child Welfare Information System Data.

N=15

Over half (52%) of the clients who went AWOL or into police custody did so within 20 days of release.

Chart 1 below depicts the number of days clients remained in the system before going AWOL for more than 3 days or before being taken into police custody. Just over half (52%) of clients remained in the system for less than 21 days after being released from the protective safe house.

Chart 1
Number of Days in System Before Going AWOL or into Police Custody



N=15

The average number of days before clients went AWOL or into police custody was 19.3 days.

Table 13 shows the distribution of days before going AWOL or being placed into police custody. The average number of days that clients remained in the system before going AWOL or were taken into police custody was 19.3 days.

Table 13
Distribution of Days Before Going AWOL or into Police Custody

Number of Days	Count	%
0	3	13%
1	2	9%
2	1	4%
8	1	4%
11	1	4%
14	1	4%
17	1	4%
20	2	9%
56	1	4%
60	1	4%
79	1	4%
Total	**23**	**100%**
Average Number of Days	**19.3**	

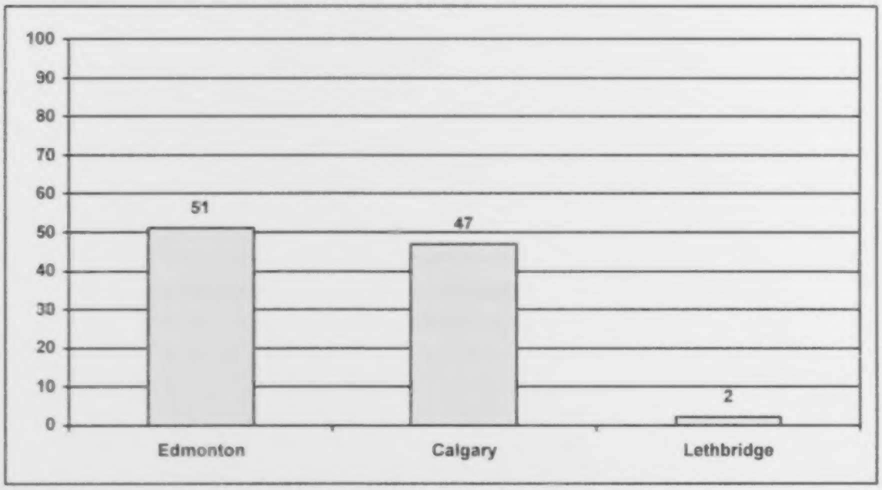
N=15
Note: May not add to 100% due to rounding.

Half (51%) of the clients stayed in a protective safe house located in Edmonton.

As depicted in Chart 2 below, just over half (51%) of last PSH stays were in Edmonton. Not surprisingly, a similar percentage, 53%, of client successes were also determined to have undertaken their last stay at the Edmonton PSH. Please see Table 14 for a breakdown of client success after PSH stay by location.

Comparing across PSHs, Edmonton's 'valid' client success rate was 57%, versus Calgary's 40% success rate. It should be noted, however, that these rates are based on a small sample of the PSHs overall client cases (i.e. only those cases with sufficient information to determine success, and only those cases whose PSH stays were in 2002).

Chart 2
Location of Last Protective Safe House Stay



Source: Alberta Children's Services Child Welfare Information System Data.
N=53 Note: May not add to 100% due to rounding.

Table 14
'Success' of Clients after PSH by PSH Location

Status	**Number of Clients by PSH Location**					
	Edmonton		**Calgary**		**Lethbridge**	
	#	**%**	**#**	**%**	**#**	**%**
Successful placements	8	53%	6	40%	1	7%
Unsuccessful placements	6	40%	9	60%	0	0%

Source: Alberta Children's Services Child Welfare Information System Data.
N=30
Note: May not add to 100% due to rounding

Table 15 breaks down the age status of clients during their last stay at a protective safe house. The majority (91%) of clients were under the age of 18 while in custody and during the 90-day period following release from the PSH. A small portion (2%) were actually 18 when apprehended (and subsequently released, presumably for this reason) and 7% of clients turned 18 during the 90-day measure period after release.

Table 15
Client Age While in Custody of Alberta Children's Services

Status	Number of Clients	% of Clients
18 When Apprehended	1	2%
Turned 18 During 90 Day Period	4	7%
Under 18 While in Custody	48	91%
Total	**53**	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.
N=53
Note: May not add to 100% due to rounding.

Open placements accounted for over a quarter (26%) of placements after client release from a PSH.

Table 16 displays the types of placement for the periods after clients' last stays in a PSH, broken down in two ways: (1) total number of placements, and (2) by first placement after release. It should be noted that the majority of clients had multiple placements in the period following their release from the protective safe house, thus resulting in a total number of placements of 262 for the 47 clients[3]. Open placements accounted for over a quarter (26%) of all placements after release from the protective safe house. Overall, placement with parents after release accounted for only 4% of the total placements. However, when looking at the first placement after PSH only, 13% of clients re-connected with their parents.

Table 16
Breakdown of Total Type of Placements by Last Stay

Status	Total Number of Placements	%	First Placement	%
Parent	11	4%	6	13%
Independent Living	8	3%	3	6%
Extended Family	3	1%	1	2%
Responsible Adult	1	0.4%	1	2%
Open Placement	67	26%	18	38%
Secure Treatment	19	7%	4	9%
Supported Independent Living	12	5%	1	2%
Youth Shelter	6	2%	0	0%
PChIP Community Resources	4	2%	3	6%
Remedial Care	4	2%	1	2%
Interim Placement other than above	4	2 %	1	2%
AWOL	111	42%	7	15%
Police Custody	8	3%	0	0%
Hospital	4	2%	1	2%
Total Placements	**262***	**100%**	**47****	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.

---

[3] Data from the Alberta Children's Services Child Welfare Information System did not provide follow-up data for 6 of the 53 clients. As a result the number of clients that can be reported on for the breakdown of type of placement is 47.

N=47 Note: May not add to 100% due to rounding.
*Total Placements refers to the total number of placements after clients' release from PSH, the majority of clients had multiple stays.
**Represent the first placement after clients' release from PSH.

A fifth (20%) of successful clients' first placements after release from the PSH was with their parents.

Table 17 displays the types of placement for those clients deemed successful as per the 90-day measure broken down by (1) total number of placements, and (2) first placements. Fifteen clients were considered to be successful, the total number of placements for these clients is 70. Based on the total number of placements, one-third (33%) of successful clients entered into an open placement after their release for the protective safe house. Further, six percent (6%) of clients were placed with their parents after release. However, when taking into consideration clients' first placement after the PSH, 20% of successful clients re-connected with their parents and almost half (47%) of clients entered into open placements.

Table 17
Breakdown of Type of First Placements by Last Stay – Successful Clients

Status	Total Number of Placements*	%	First Placements**	%
Parent	4	6%	3	20%
Extended Family	1	1%	-	-
Open Placement	23	33%	7	47%
Secure Treatment	5	7%	1	7%
Supported Independent Living	5	7%	1	7%
Youth Shelter	2	3%	-	-
PChIP Community Resources	2	3%	1	7%
Remedial Care	2	3%	1	7%
Interim Placement other than above	1	1%	1	7%
AWOL	25	36%	-	-
Total Placements	**70**	**100%**	**15****	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.
N=15
Note: May not add to 100% due to rounding.
*Total Placements refers to the total number of placements after clients' release from PSH, the majority of clients had multiple stays.
**Represent the first placement after clients' release from PSH.

Over half (51%) of PSH clients stayed a duration of six to twenty-six days in a protective safe house.

Over half (51%) of PSH client stays were six to twenty-six days in duration. The average length of a PSH stay was 14.7 days. Please refer to Table 18 for details.

Table 18
Length of Client Stays by Client Last Stay

Status	Number of Clients	% of Clients
0-5 Days	19	36%
6-26 Days	27	51%
27-47 Days	7	13%
Total	**53**	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.
N=53
Note: May not add to 100% due to rounding.

4.2.2 Data Analysis Based on All Stays

While the basis for reporting on the performance measure was clients' last stays at the PSHs, overall data analysis was also completed based on all client stays in a protective safe house for the calendar year of 2002.

Based on all stays, over one-third (38%) of clients whose placements could be tracked were deemed to have demonstrated a successful level of stability following release from the PSH.

Based on 'All Stays', Table 19 details the level of success using the 90-day stable placement guidelines. Less than a quarter (19%) of client stays were successful and almost one-third (30%) of client stays were unsuccessful during the 90-day period after their release. Excluding those clients whose stability of placements could not be determined or who turned 18 before or during their stay in a PSH or 90-day follow-up period, 38% of client stays demonstrated a successful level of stability following release from the PSH.

Table 19
'Success' of All Client Placements after PSH (90 Days)

Status	Number of Clients	% of Clients	Valid % (N=47)**
Successful placements	18	19%	38%
Unsuccessful placements	29	30%	62%
Turned 18 during 90 day period	3	3%	
In police custody	2	2%	
18 when apprehended	2	2%	
Not Applicable*	43	44%	
Total Placements	**97**	**100%**	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.
N=97
*No information available after PSH stay.
**Valid percent does not include those clients who are Non-qualifiers or Not Applicable.
Note: May not add to 100% due to rounding.

Based on a 30-day measure, 41% of 'valid' clients were deemed to have been successful in placements after release.

For comparison purposes, Table 20 outlines client success (for all stays) should the performance measure have been based on a 30-day outcome rather than the 90-day measure as originally developed. Based on this measure, client success increases slightly by 2% to 21% from 19% (or 41% when excluding those clients whose stability of placements could not be determined) under the 90-day outcome.

Table 20
'Success' of All Client Placements after PSH (30 Days)

Status	Number of Clients	% of Clients	Valid % (N=49)**
Successful placements	20	21%	41%
Unsuccessful placements	29	30%	59%
Turned 18 during 90 day period	3	3%	-
18 when apprehended	2	2%	-
Not Applicable*	43	44%	-
Total Placements	**97**	**100%**	**100%**

Source: Alberta Children's Services Child Welfare Information System Data.
N=97
*No information available after PSH stay.
**Valid percent does not include those clients who are Non-qualifiers or Not Applicable.
Note: May not add to 100% due to rounding.

In looking at all client stays, confinement periods of 27 to 47 days demonstrated clients with the highest rate of success.

Detailed in Table 21 is the success of all clients after their PSH stays as determined by the length of stay in the protective safe house. Based on all stays, eighteen clients were found to demonstrate stable placements upon release from the PSH. Confinement periods of 27 to 47 days demonstrated the highest ratio of successful clients, with 4 of the 6 clients (67%) successful following this period of duration.

Table 21
'Success' of All Clients after PSH by Length of Stay

Status	Number of All Clients by Period of Length of Stay					
	0-5 Days		6-26 Days		27-47 Days	
	#	%	#	%	#	%
Successful placements	5	28%	9	50%	4	22%
Unsuccessful placements	10	32%	19	61%	2	7%

Source: Alberta Children's Services Child Welfare Information System Data.
N=49
Note: May not add to 100% due to rounding.

Open placements made up the largest proportion of placements following PSH release.

Table 22 lists the type of all placements for all client stays and first placement after PSH only. The majority of clients had multiple placements recorded in CWIS in the period following their release from the protective safe house, resulting in a total number of stays of 407. Based on all placements, over a quarter (27%) of placements were open placements, and 3% were placements with parents. Client stays in an independent living situation accounted for 4% of all recorded placements. When considering only the first placement immediately following release from the protective safe house, eleven percent (11%) of clients re-connected with their parents, over one-third (39%) entered into open placements, and six percent (6%) entered into an independent living situation.

Table 22

Breakdown of Total Type of Placements for All Client Stays

Status	Number of Total Placements	%	First Placements	%
Parent	14	3%	8	11%
Independent Living	17	4%	4	6%
Extended Family	3	1%	1	1%
Responsible Adult	2	1%	1	1%
Open Placement	108	27%	28	39%
Secure Treatment	24	6%	5	7%
Youth Shelter	11	3%	-	-
Supported Independent Living	10	3%	1	1%
PChIP Community Resources	7	2%	5	7%
Remedial Care	6	2%	1	1%
Behavioural Therapy	1	0.2%	1	1%
Interim Placement other than above	6	2%	1	1%
AWOL	182	45%	15	21%
Police Custody	11	3%	-	-
Hospital	5	1%	1	1%
Total Placements	**407***	**100%**	**72****	

Source: Alberta Children's Services Child Welfare Information System Data.
N=72
Note: May not add to 100% due to rounding.
*Total Placements refers to the total number of placements after clients' release from PSH, the majority of clients had multiple stays.
**Represent the first placement after clients' release from PSH.

4.2.3 Placement Rates from Staff and Stakeholder Interviews

Some staff and stakeholders provided explanations for the low number of successful and long-term placements. For example, placing some children in a group home in inner-city neighbourhoods or neighbourhoods with high levels of crime could create a powerful trigger for returning to the street and to activities that involve prostitution. While some children can be put into placements outside the city, such as at Grimmon House in Didsbury and Poundmaker's Adolescent Treatment Centre in St. Paul, this is not always possible due to availability or suitability.

Although clients may not reconnect with their parents or guardians upon release from the protective safe house, clients sometimes reconnect with their parents in other ways as a result of their stay. Staff mentioned that sometimes clients will contact parents and re-establish long-severed connections, even if they have no intention of remaining in their care afterwards

Staff and stakeholders made the point that the definition of success of the program should take into account other outcomes besides whether the child exited prostitution or reconnected with family or support upon release from the protective safe house.

4.3 Recommended Protocol for Collection of Information That Supports the PChIP Performance Measure

For the purposes of reporting on the PChIP performance measure in the future, the Consultant suggests the following:

- Given the challenges and limitations in interpreting CWIS data to evaluate the stability of client placements following release from the protective safe houses, it is recommended that the tracking of client stability for the performance measure be undertaken through a variety of sources. Having multiple sources on which to judge client stability will reduce tracking confusion and improve the accuracy of the data for the performance measure.
- Post-release client tracking could be undertaken as part of routine PSH follow-up procedures. PSH staff could undertake a tracking of client stability and activities following release through multiple sources, including telephone contact with former clients, through PChIP workers having one-on-one contact with former clients, or through telephone contact with service agencies, guardians, and social workers. Staff could undertake a thorough log of client activities at set intervals (such as 2-week, 1-month and 3-month intervals) following their release from protective safe houses. This log could be used in combination with CWIS data to track client stability for the performance measure at fiscal year end or at the end of each calendar year.
- A log of client placement stability could entail the collection of information such as that presented in the following table, as well as updated telephone contact information, client satisfaction with the services they received at the PSH, and degree of client connection with other resources following release from the PSH.

Client whereabouts following release from protective safe house safehouse? [FILL OUT FOR FULL 3 MONTH PERIOD AFTER RELEASE IF POSSIBLE]			
Client living arrangement (i.e. parent, guardian, extended family, other adult thru social worker or open placement)	**For how long?** [MONTHS]	**Were they there the whole time?** [Y OR N]	**Where else did you stay during this period of residence, and for how long?**

Source: Based on evaluation client survey questionnaire (see Appendix B)

Set intervals for attempted reconnection with former clients by PSH staff will improve both tracking data for the PChIP performance measure and the degree to which clients are offered follow-up support. It is important, however, that this follow-up be undertaken in a formal, consistent and well-documented manner.

SECTION 5: Summary And Major Conclusions

5.1 Summary and Conclusions on the Issue of Child Prostitution

With no similar initiatives and no research on voluntary programs that engage sexually exploited children and youth, evaluating the protective safe houses breaks new ground and raises difficult questions.

There are major research gaps with respect to children exploited through prostitution. Little is known, for example, about children who are involved in survival sex or who experiment with street life and then manage a successful exit. In addition, no initiatives comparable to PChIP were identified for this review.

Critiques of PChIP have focussed on the ethics of confining children as a means to facilitate protection.

The PChIP legislation has introduced a number of innovative elements beyond the protective safe houses, however, the process of apprehending and confining children and youth for the five-day and for two possible subsequent 21 day periods has been the focus of most criticism of the legislation.

Once entrenched in prostitution, children increasingly abuse drugs and alcohol and usually gravitate to progressively more harmful and addictive substances.

Compelling beliefs about the 'glamour' of the life and the 'easy' money soon become irrelevant to children involved in prostitution. Substance addictions, along with the trauma and numbing that many report in response to fears about 'bad dates,' become a downward spiral of ever-increasing risk-taking.

Children involved in prostitution are often victims of physical assault and violent crimes, and their sexual activities place them at high risk for developing serious and life-threatening medical conditions.

Studies have shown that those involved in prostitution face significant risks of assault, physical abuse and other severe medical and health problems. For children involved in prostitution, boyfriends are also often pimps; however, exploited children often feel a loyalty to these abusive relationships, and to their other friends on the streets.

The longer children remain involved in prostitution, the more difficult it becomes for them to leave.

Most experts agree that criminal responses to curb child prostitution have failed. In addition, as adolescents, few seek support from formal agencies and services. For some, this is because of the fear of retaliation from their pimps, but others have lost faith in social service systems that have failed to help them in the past.

Until recently, few specialized services were available, even for adults involved in prostitution. No other Canadian provinces that have proposed and debated the introduction of legislation similar to PChIP have done so at the time of this writing.

5.2 Summary and Conclusions on the PChIP Initiative

The PChIP Initiative is reaching parts of its target population, but may be missing others.

Staff and stakeholders commented that while PChIP had reached many children involved in prostitution, or at risk of involvement, the programs may be missing some sub-groups: male children, children involved in underground prostitution through the Internet, those who may be engaged in prostitution without awareness, and those on Aboriginal reserves, for example.

Police and social service workers may not be using PChIP to the extent that they could be, or to the extent that they have in the past.

Some staff and stakeholders speculated that a diminished awareness of PChIP among police and social services staff has resulted in protective safe houses not seeing as many clients as they had in the past. This could also be due to the perception that apprehending a child through PChIP is more difficult than through a Secure Treatment Order, and that the PChIP order may carry significant stigma.

Most staff and stakeholders felt that the amendments to the PChIP legislation have had a positive impact on the issue of child prostitution.

While creating a difficult transition period for staff, most staff and stakeholders thought the change in the PChIP legislation to have been positive. The majority argued that the three-day period had provided the clients with little more than detoxing and sleep and that the longer confinement periods afforded the opportunity to concentrate on more long-term issues and needs.

Significant collective impacts have resulted from the PChIP initiative and the protective safe houses.

Among the collective impacts staff and stakeholders attributed to the PChIP legislation were the following: increased exposure to the issue of child prostitution, less availability of children for johns, and more communication between community groups. Some stakeholders and staff believe that there are less children involved in prostitution, and that those involved are less often in danger.

Unintended impacts of PChIP and the protective safe houses were contentious among staff and stakeholders.

There was little agreement on the unintended impacts of the protective safe houses specifically, or of PChIP generally. It was argued by some that child prostitution had been forced underground or to other provinces, while others felt that stays in PSHs had resulted in increased recruitment of children into drug and prostitution contexts. Others suggested that a failure to deal with pimps and johns may have resulted in clients distrusting social services systems and resources. In addition, some pointed to the legislation having unintended results with respect to children's attitudes: some feel that they are being punished rather than helped when they are confined to a protective safe house.

5.3 Major Conclusions on Protective Safe Houses

The major conclusions derived from research findings undertaken to date are detailed below.

While protective safe house clients come from a variety of backgrounds, have different personality traits and present different issues, they usually share some common characteristics.

Protective safe house clients are usually female, have child welfare status, have been a victim of abuse prior to their involvement in prostitution, and are heavily involved in drug and alcohol abuse. There is also a high degree of undiagnosed Fetal Alcohol Syndrome and attention disorders among clients.

Clients at PSHs exhibit a wide range of behaviour – from compliant and withdrawn to hostile and aggressive. Clients seem mature in superficial ways, have low self-esteem, and display confusion or uncertainty over their bodies, their sexuality and their overall identities. Edmonton PSH clients are far more likely to be from Aboriginal backgrounds than are those in Calgary. Lethbridge clients do not generally fit the traditional idea of prostitution and are often involved in survival sex.

The high rate of drug abuse among clients has had a significant impact on the services offered through the protective safe houses, and on the manner in which services are delivered.

Clients are often highly addicted to hard drugs and are commonly high on drugs when admitted to the protective safe houses. Many spend several days detoxing. As a result of drug use, as well as overall aggressive behaviour from some clients, staff services and the facilities themselves require a high degree of concern for safety.

Staff have successfully dealt with detoxing clients, but believe that services and information on these topics could be expanded at the PSHs.

Protective safe house staff deals with the most immediate needs of clients in the days immediately following admission, but other needs usually emerge after the first few days of confinement.

The immediate needs of clients for periods up to the first 5-days of confinement are usually limited to basic safety, hunger, fatigue, detoxification from drugs, personal grooming and medical/drug assessment.

Attempts to fulfill clients' medium and long-term needs are addressed through services and programming at the PSHs. Most think that the PSHs are best at addressing clients' immediate needs, but also provide further assistance by facilitating relationships between clients and external resources and agencies. In addition, PSHs are viewed as effective because of the attention given to basic life skills, increasing self-esteem, and providing clients with time away from the rigors of their lives outside of the PSH.

The services provided at each PSH site, while not uniform, demonstrate similarities.

Services at the PSHs included extensive coverage of drug and alcohol abuse issues, including the use of AADAC resources and staff. Other common resources or services broached topics related to prostitution and exploitation, community supports, sexuality and health, diet and health, and sexually transmitted diseases. The majority of children also received legal advice through legal services. Longer confinement periods usually allowed clients to receive more information, referrals, and resources.

Because services offered through the protective safe houses are tailored to the needs of individual children, clients do not always receive the same amount of staff attention.

While staff attempt to provide services that meet the needs of all clients in an equitable manner, some clients, by necessity, require more individualized services and staff time – often because of attention disorders or aggressive or disruptive behaviour.

In addition to providing safety, information, and opportunities for reflection, the protective safe houses represent an effective means of planting the 'seeds' for future changes in some clients.

Staff, stakeholders and clients commented that PSH clients benefit from the site's safety and security, the chance to reflect on their lives, and the information that they receive with respect to resources, choices, and the severity of their actions. This is provided in a supportive and non-judgmental manner.

Weaknesses or gaps in services at the PSHs were identified by stakeholders and staff.

Overall, staff and stakeholders were of the opinion that the confinement periods are not long enough for some clients. In addition, it was felt that clients would benefit from an intensive and regular psychological component as part of the services at each of the protective safe houses. Programming was lacking in some areas of practical life skills, and sometimes lacked structure. An important needed addition was for more effective transition services after the stay at the PSH, and more follow-up with clients after release.

Staff were often concerned with the lack of resources for children who were brought into the protective safe houses and were heavily detoxing. An on-call nurse, or staff with more medical background, would allow for better recognition of when detoxing clients require emergency medical services.

Staff and stakeholders also commented about the clients' need for more physical outlets, including more time spent outdoors. The provision of nicotine patches could decrease some of the anxiety among clients.

Clients may use their stays at the protective safe houses as a chance to network with other child prostitutes or recruit other children into the lifestyle.

Staff and stakeholders, as well as many clients, warned about the tendency of those clients in the PSHs to glamorize the lifestyle or to attempt to recruit those who are not yet involved in prostitution.

The low (and decreasing) level of apprehensions was identified as a major barrier to enhancing the cost effectiveness of the facilities.

Cost effectiveness of the PSHs was low in comparison to a similar facility (Secure Treatment at Edmonton Yellowhead Youth Centre Campus).

The major barrier to increased cost effectiveness for the protective safe houses was felt to be the relatively low level of apprehensions, and the consequent under-utilization of staff and low occupancy rates. Occupancy rates for fiscal year 2002-2003 were only 55% for the Edmonton PSH, 20% for the Calgary PSH. Only 4 PChIP client days were recorded for the Lethbridge PSH for that year.

More flexible staffing structures which could allow for staff to take on other duties during periods of low occupancy was suggested by a few staff as a means to overcome some of the expenses of the protective safe house.

Stakeholders and staff argued that providing services to more clients would increase cost effectiveness. A number of staff and stakeholders commented that the relatively low level of apprehensions, especially in recent months, is the result of growing ignorance of PChIP, as well a possible reticence to use the legislation.

The performance measure of clients returning to parental care or other supports after exiting the protective safe house may not reflect their true importance.

Of clients whose placements could be tracked in available data, 50% showed a reasonable degree of stability of placements in the 90-day period following their last release from the PSH, for the calendar year 2002. Clients who stayed in the PSH for a period of 27-47 days were the most likely to demonstrate successful levels of stability following release.

This benchmark may gauge the success of only one aspect of the program. It was felt by stakeholders and staff that the success of the program was more difficult to define. Achieving more safety, increasingly client stability, and exiting prostitution are part of an often long-term process – one which may require several stays at a protective safe house.

SECTION 6: Major Recommendations

The following section outlines major recommendations that follow from the research findings collected to date.

6.1 Recommendations for Education and Awareness

More education on the issue of child prostitution in general and the PChIP initiative in particular should be undertaken.

Research findings suggest that more education should be made available on the overall issue of child exploitation through prostitution, as well as on the PChIP Initiative. Specific types of education that could be undertaken include the following:

- More preventative education on the topic of child prostitution should be made available in schools, to parents and to other guardians. This is especially relevant in places where pimps are especially aggressive (Calgary, Edmonton); and,
- More education for child welfare workers, vice and beat cops on PChIP paperwork and on the legislation in general is needed. More education concerning the definition of prostitution under the PChIP Act should also be considered.

6.2 Recommendations for Programming, Services, and Resources for PSH Staff and Clients

Procedures must be altered to insure that children involved in prostitution are not recruiting others children at the protective safe houses.

Staff and client interviews indicated the danger of clients being recruited by other clients for johns or pimps, or networking for the purposes of obtaining information on street life and prostitution. More consistent and careful monitoring of client conversations, or more separation of clients at various stages of involvement in street activities could be of benefit.

The structure of the services and programs currently offered to clients through the protective safe houses should be increased.

Research indicates that PSHs should take a more structured approach to programming. Life skills training should rely less on resources like videos, and should include more structured activities. Suggested life skills modules include such topics as cooking, sewing, job search skills, resume writing, use of public transportation, communication skills, and other basic skills.

More Aboriginal staff and resources should be made available to clients.

It is recommended that more Aboriginal staff and resources be consistently available, especially at the Edmonton PSH given the comparatively high number of Aboriginal clients at the Edmonton PSH. Resources could include specific Aboriginal programming, consistent use of Elders as resources for Aboriginal clients, as well as discussions with clients centred on Aboriginal issues.

More psychological counseling should be integrated into the services and programs currently offered to clients through the protective safe houses.

The limited but regular and consistent use of a psychologist in Calgary was felt to have been beneficial in advising both staff and clients. Stakeholders even suggested a full-time psychologist on staff for the children: staff are not equipped or trained to deal with their clients' complex psychological issues, and addressing these issues can be fundamental to client progress.

More one-on-one time should be spent with the clients, including clients who are more well-behaved and compliant.

More physical activities, including organized outdoor activities if possible, should be integrated into the services and programs currently offered through the protective safe houses.

Given the relatively long duration of client stays, and the age group of clients, the level of physical activity could be increased in order to allow for more constructive outlets for client energy. All of the PSHs had small areas for outdoor activity, and none offered structured outdoor activities. It is recommended that more structured physical and outdoor activity be implemented.

Consistently provide children stop-smoking aids for their nicotine withdrawal, when needed.

A consistent issue with this client group was the discomfort of nicotine withdrawal, in addition to common withdrawal from other substances, such as cocaine. It is recommended that children be allowed stop-smoking aids, such as nicotine patches, so that nicotine withdrawal does not function as a barrier to progress.

6.3 Recommendations for Apprehensions

More should be undertaken to increase the number of apprehensions.

The system of apprehending children under PChIP needs to be reinvigorated.

- Those with the authority to undertake apprehensions need to examine ways of finding children at risk or involved in prostitution – outside of the traditional stroll areas.
- Education and information for those who can make apprehensions may increase the usage of PChIP legislation and of the protective safe houses. This may also increase the cost efficiency of the PSHs.

6.4 Recommendations for Punitive Issues

Further work should be undertaken with respect to identification and punishment of pimps and johns.

While much of PChIP seeks to identify and assess those who are exploited through child prostitution, stakeholders and staff felt that more could be done to invigorate the identification and punishment of those who exploit children. This would not only further address the causes of child prostitution, but also lend credence to the argument that PChIP is not simply punishing the victims.

6.5 Recommendations for Client Files

Files should be kept in a consistent and comprehensive manner in order to facilitate the cross-referencing of information within and between protective safe houses.

While it is understood that improvements are currently being undertaken in at least one PSH with respect to administrative client files, it is recommended that client files be managed in a comprehensive and consistent manner, both within and between PSHs.

6.6 Recommendations for Placements, Outreach or Follow-Up

Protective safe house staff should prepare clients for the placements that follow stays in the protective safe houses – through initial contact, orientations and interviews.

It is recommended that post-PSH placements be undertaken in a more seamless manner. Improvements could be made in this area by facilitating initial contact and orientation between the client and workers/guardians at the new placement. Making this transition function more smoothly could significantly decrease client anxiety, as well as decrease the number of clients who go "Away Without Leave" from their placements.

PChIP workers should consistently follow-up with former clients after they are released from the protective safe houses.

While attempts in the past have been made to address follow-up, it is recommended that formal and consistent procedures be put in place to follow-up with clients after they leave all PSHs.

6.7 Recommendations for Cost Effectiveness

Increased apprehensions, resulting from education and improved application of PChIP legislation, would allow the protective safe houses to have a higher rate of utilization.

An increase in child apprehensions would increase the cost effectiveness of the PSHs per client. It is felt by many stakeholders and staff that the current level of apprehensions does not reflect the true number of children being exploited through prostitution in Alberta.

More flexibility around staffing procedures would allow the protective safe houses to operate more cost effectively.

While there are potential difficulties and problems in combining staff and accommodations for different client groups (such as PChIP clients and Secure Treatment Order clients), structures that allow more flexibility in caring for different client groups may allow for staff to remain occupied in periods where few children are apprehended through PChIP.

6.8 Recommendations for the Overall Evaluation of PChIP

Research findings of the current review have suggested possible issues that could be investigated in more detail in evaluating the overall PChIP Initiative. These issues include the following:

1. **Knowledge and use of the legislation among Child Protection Workers and police officers**: Further investigation could be undertaken with respect to the familiarity of PChIP and its legislation among those who could impact the extent of its implementation. Issues around the decrease in referrals and use of the legislation, and possible reasons for the decrease in referrals to the PSHs could be investigated. While the current evaluation suggested that knowledge and usage may be decreasing for reasons such as lack of familiarity with paperwork or reluctance to label children for fear of stigma, more detailed analysis could be done through interviews or surveys of those who would make use of the legislation.

2. **The overall evaluation should broaden its perspective to include more input from social workers and guardians**: While the current evaluation sought to obtain the input of clients of the PSHs in order to get perspectives on the practices and effects of PChIP, more input could be solicited from sources such as social workers and other guardians (including workers at group homes, and residential treatment centres). This would also allow for more detailed information on, for example, the extent to which former clients are following up with further resources as a result of PChIP.

3. **Comparisons of the voluntary components of PChIP could be undertaken to compare their impact with that of the protective safe house**: In order to understand the full scale of the impacts of PChIP, further investigation could be undertaken with respect to the impact of the voluntary services provided under the legislation.

4. **Further community consultations could be undertaken to continue to look at the overall impacts of PChIP**: While focus groups of community stakeholders were undertaken for the current evaluation, further community consultations could gather more extensive information on the overall impact of PChIP. While focus groups undertaken for the current evaluations included discussion of the impact of PChIP overall, more lengthy discussion could be undertaken, for example, with respect to PChIP's voluntary components.

References[4]

Alberta Civil Liberties Research Centre (2001). *United Nations conventions on the rights of the child: How well does Alberta's legislation measure up?* Available from: www.calcna.ab.ca/populati/communit/acl/CRCPart6.html

Alliance of Five Research Centres on Violence (1999). *Violence prevention and the girl child: Final report*. London, ON: Status of Women Canada.

Assistant Deputy Ministers' Committee on Prostitution and the Sexual Exploitation of Youth (2000). *Sexual exploitation of youth in British Columbia*. Ministry of the Attorney General.

Bacon, B., & Bracken, D. (2000, May). *Winnipeg Prostitution Diversion Program Findings & Recommendations*. From Answers to Action: A Conference on Healing Sexual Exploitation & Prostitution, Edmonton, AB.

Badgley, R., Chairman. (1984). *Sexual offenses against children. Volume 1: Report of the committee on sexual offenses against children and youths*. Ottawa, Canada: Ministry of Supply and Services.

Bagley, C. & Young, L. (1987). Juvenile prostitution and child sexual abuse: A controlled study. *Canadian Journal of Community Mental Health, 6*, 5-26.

Barnard, M. (1993). Violence and vulnerability: Conditions of work for streetworking prostitutes. *Sociology of Health and Illness, 15*, 682-705.

Barrett, D. (1998). Young people and Prostitution: Perpetrators in our midst. *International Review of Law Computers & Technology, 12* (3), 475-486.

Benoit, C. & Millar, A. (2001). *Dispelling myths and understanding realities: Working conditions, health status, and exiting experiences of sex workers*. Prostitutes Empowerment, Education and Resource Society (PEERS).

Benson, C., & Matthews, R. (1995). Street prostitution: Ten facts in search of a policy. *International Journal of the Sociology of Law, 23*, 395-415.

Biehal, N., & Wade, J. (1999). Taking a chance? The risk associated with going missing from substitute care. *Child Abuse Review, 8*(6), 366-376.

Bittle, S. (2002). *Youth involvement in prostitution: A literature review and annotated bibliography*. Ottawa, ON: Research and Statistics Division, Department of Justice Canada.

Brannigan, A. & Fleischman, J. (1989). Juvenile prostitution and mental health: Policing delinquency or treating pathology. *Canadian Journal of Law and Society, 4*, 77-98.

Brewis, J., & Linstead, S. (2000). "The worst thing is the screwing (1): Consumption and management of identify in sex work. *Gender, Work and Organization, 7*(2), 84-97.

---

[4] References in bold are Canadian

Busby, K., Downe, P., Gorkoff, K., Nixon, K., Tutty, L., & Ursel, J. (2002). Examination of innovative programming for children and youth involved in prostitution. In H. Berman & Y. Jimani (Eds.). *In the best interests of the girl child*. London, ON: The Alliance of Five Centres of Family Violence Research.

Busby, K. (2003). The protective confinement of children involved in prostitution: Neo-conservative or compassionate response? In K. Gorkoff & J. Runner (Eds.*), Being heard: The experiences of young women in prostitution*. Halifax, NS: Fernwood.

Calhoun, T.C., & Weaver, G. (1996). Rational decision-making among male street prostitutes. *Deviant behaviour: An Interdisciplinary Journal, 17*, 209-227.

Cates, J.A., & Markley, J. (1992). Demographic, clinical, and personality variables associated with male prostitution by choice. *Adolescence, 27*(107), 695-706.

Children of the Night (2003).*Children of the night: Rescuing America's children from prostitution*. Available on-line at: www.childrenofthenight.org/site/program.html

Chudakov, B., Ilan, K., Belmaker, R. H, & Cwikel, J. (2002). The motivation and mental health of sex workers. *Journal of Sex and Marital Therapy, 28*, 305-315.

Church, S., Henderson, M. Barnard, M., & Hart, G. (2001). Violence by clients towards female prostitutes in different work settings: Questionnaire survey. *British Medical Journal, 322*, 524-525.

Cooper, J.C., Kennedy, M.A., & Yuille, J.C. (2001). Dissociation and sexual trauma in prostitutes: Variability of responses. *Journal of Trauma and Dissociation, 2*(2), 27-35.

Cooper, B.S., Yuille, J.C, Kennedy, M.A. (2002). Divergent perspectives in prostitutes' autobiographical memories: Trauma and dissociation. *Journal of Trauma and Dissociation, 3*(3), 75-95.

Cusick, L. (2002). Youth prostitution: A literature review. *Child Abuse Review, 11*, 230-251.

Dalla, R. (2000). Exposing the "Pretty Woman" myth: A qualitative examination of the lives of female streetwalking prostitutes. *The Journal of Sex Research, 37*(4), 344-353.

Dalla, R. (2002). Night moves: A qualitative investigation of street-level sex work. *Psychology of Women Quarterly, 26*(1), 63-73.

Davis, S., & Shaffer, M. (1994), *Prostitution in Canada: The invisible menace or the menace of invisibility? Available at: www.walbnet.org/csis/papers/sdavis.html*

Dawson, R. (1987). Child sexual abuse, juvenile prostitution and child pornography: The federal response. *Journal of Child Care, 3*(2), 19-51.

DeKeseredy, W. (2000). *Women, crime and the Canadian criminal justice system*. Cincinnati, OH: Anderson.

Dorais, M. (1996). The coping strategies of boys who are victims of sexual abuse. *The Social Worker, 64*, 75-88.

Earls, C.M., & David, H. (1989a). A psychosocial study of male prostitution. *Archives of Sexual Behaviour, 18*(5), 401-419.

Earls, C.M., & David, H. (1989b). Male and female prostitution: A review. *Annals of Sex Research, 2*, 5-28.

Earls, C., & David, H. (1990). Early family and sexual experiences of male and female prostitutes. *Canada's Mental Health, 37/38*(1), 7-11.

El-Bassel, N., Witte, S.S., Wada, T., Gilbert, L., & Wallace, J. (2001). Correlates of partner abuse among female street-based sex workers: Substance abuse, history of childhood abuse, and HIV risks. *Aids Patient Care and STD's, 15*(1), 41-51.

Erickson, P.G., Butters, J., McGillicuddy, P. & Hallgren, A. (2000). Crack and prostitution: Gender, myths, and experiences. *Journal of Drug Issues, 30*(4), 767-788.

Estes, R. (2001). *The sexual exploitation of children: A working guide to the empirical literature.* On-line at: www.caster.ssw.upenn.edu/~restes/CSEC.htm.

Farley, M., Baral, I., Kiremire, M., & Sezgin, U. (1998). Prostitution in five countries: Violence and post-traumatic stress disorder. *Feminism and Psychology, 8* (4), 405-426.

Farley, M. & Barkan, H. (1998). Prostitution, violence against women, and posttraumatic stress disorder. *Women and Health, 27*, 37-49.

Federal-Provincial-Territorial Working Group on Prostitution (1998). *Report and recommendations in respect of legislation, policy and practices concerning prostitution-related activities.* Ottawa: Department of Justice. Available at: www.canada.jutice.gc.ca/en/news/nr/1998

Finkelhor, D., & Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualization. *American Journal of Orthopsychiatry, 55*(4), 530-541.

First Call and Youth Coalition (1996). *An overview of child and youth issues in British Columbia.* Vancouver, BC: First Call.

Foa, E. B., Rothbaum, B. O., Riggs, D. S., & Murdoch, T. (1991). Treatment of posttraumatic stress disorder in rape victims: A comparison between cognitive behavioural procedures and counselling. *Journal of Consulting and Clinical Psychology, 59*, 715-723.

The Fraser Report: Special Committee on Pornography and Prostitution (1985). *Pornography and prostitution in Canada* (Volumes 1 and 2). Ottawa: Minister of Supply and Services Canada.

Gaudette, P., Alexander, B., & Branch, C. (1996). Children, sex and violence: Calgary's response to child prostitution. *Child & Family Canada*, available at www.cfc-efc.ca/docs/00000826.htm

Gemme, R., Murphy, A., Bourque, M., Nemeh, M.A., & Payment, N. (1984). A report on prostitution in Quebec. *Working papers on prostitution and pornography, Report No. 11*. Ottawa: Department of Justice.

Gilchrist, G., Taylor, A., Goldberg, D., Mackie, C., Denovan, A., & Green, S. (2001). Behavioural and lifestyle study of women using a drop-in centre for female street sex workers in Glasgow, Scotland: A 10 year comparative study. *Addiction Research & Theory, 9*(1), 43-58.

Gorkoff, K. & Waters., M. (2003). Balancing safety, respect and choice in programs for young women involved in prostitution. In K. Gorkoff & J. Runner (Eds.*), Being heard: The experiences of young women in prostitution.* Halifax, NS: Fernwood.

Government of Saskatchewan (1999, March). *Saskatchewan's legislative response to the sexual exploitation of children and youth through prostitution.* Available at: www.gov.sk.ca/socserv/mediaroom/pdfs/chprost.pdf

Greene, J.M., Ennett, S.T., & Ringwalt, C.L. (1999). Prevalence and correlates of survival sex among runaway and homeless youth. *American Journal of Public Health, 89*(9), 1406-1409.

Hampton, B., & Aubry, D. (2001). *Pushing the paradigm: A needs assessment survey on boys involved in prostitution in Calgary.* Calgary, AB: Calgary Communities Against Sexual Abuse (CCASA).

Hornick, J., & Bolitho, F. (1992). *A review of the implementation of the child sexual abuse legislation in selected sites: Studies on the sexual abuse of children in Canada.* Ottawa: Ministry of Supplies and Services.

Itzin, C. (1997). Pornography and the organization of intra- and extrafamilial child sexual abuse. In G. Kaufman-Kantor, & J. Jasinski (Eds.). *Out of the darkness: Contemporary perspectives on family violence* (pp.58-79. Thousand Oaks, CA: Sage.

Itzin, C. (2001). Incest, paedophilia, pornography and prostitution: Making familial males more visible as the abusers. *Child Abuse Review, 10,* 35-48.

Janus, M., Burgess, A.W, & McCormack, A. (1987). Histories of sexual abuse in adolescent male runaways. *Adolescence, 22(86), 405-417.*

Johnson, T.P., Aschkenasy, J.R., Herbers, M.R. & Gillenwater, S.A. (1996). Self-reported risk factors for AIDS among homeless youth. *AIDS Education and Prevention, 8,* 308-322.

Kidd, S.A., & Kral, M.J. (2002). Suicide and prostitution among street youth: A qualitative analysis. *Adolescence, 37*(146), 411-430.

Kingsley, S. & Mark, M. (2000). *Sacred lives: Canadian Aboriginal children and youth speak out about sexual exploitation.* Ottawa: Save the Children Canada.

Linnebach, K. & Schellenberg, J. (1997). *Street Outreach Project needs assessment: Final report.* Winnipeg, Manitoba: Village Clinic.

Longres, J.F. (1991). An ecological study of parents of adjudicated female teenage prostitutes. *Journal of Social Service Research, 14*(1/2), 113-127.

Lowman, J. (1991). Street prostitutes in Canada: An evaluation of the Brannigan-Fleischman opportunity model. *Canadian Journal of Law and Society, 6* 137-164.

Lowman, J. (2000). Violence and the outlaw status of (street) prostitution in Canada. *Violence Against Women, 6*, 987-1011.

Lowman, J. & Fraser, (1996). *Violence against persons who prostitute: The experience in British Columbia*. Ottawa ON: Department of Justice Canada.

Lundy, C., & Totten, M. (1997). Youth on the fault line. *Social Worker, 65*(3), 98-106.

Månsson, S-A, & Hedin, U-C. (1999). Breaking the Matthew effect – On women leaving prostitution. *International Journal of Social Welfare, 8*, 67-77.

Markos, A.R., Wade, A.A.H., & Walzman, M. (1994). The adolescent male prostitute and sexually transmitted diseases, HIV and AIDS. *Journal of Adolescence, 17*, 123-130.

Mathews, F. (1989). *Familiar strangers: A study of adolescent prostitution*. Central Toronto Youth Services.

McCarthy, B., & Hagan, J. (1991). Homelessness: A criminogenic situation? *British Journal of Criminology, 31*(4). 393-410.

McCarthy, B., & Hagan, J. (1995). Getting into street crime: The structure and process of criminal embeddedness. *Social Science Research, 24*, 63-95.

McEvoy, M. & Daniluk, J. (1995). Wounds to the soul: The experiences of Aboriginal women as survivors of sexual abuse, *Canadian Psychology, 36*, 221-235.

McIntyre, S. (1999). The youngest profession: The oldest oppression: A study of sex work. In C. Bagley & K. Mallick (Eds.), *Child sexual abuse and adult offenders: New theory and research* (pp. 159-192). Aldershot, UK: Ashgate.

McIntryre, S. (2002). *Strolling away*. Ottawa, ON: Department of Justice Canada: Research and Statistics Division. www.

Miller, J. (1993). "Your life is on the line every night you're on the streets": Victimization and resistance among street prostitutes. *Humanity and Society, 17*, 422-446.

Ministry of Children and Family Development. *Safe Care Implementation Project*. Downloaded from the world wide web on March 14, 2003. www.cf.gov.bc.ca/secure_care/index.htm

Miller, J. & Schwartz, M.D. (1995). Rape myths and violence against street prostitutes. *Deviant Behaviour: An International Journal, 16*, 1-23.

Morse, E.V., Simon, P.M., Balson, P., & Osofsky, H.J. (1992). Sexual behaviour patterns of customers of male street prostitutes. *Archives of Sexual Behaviour, 21*(4), 347-357.

Nadon, S., Koverola, C., & Schludermann, E. (1998). Antecedents to prostitution: Childhood victimization. *Journal of Interpersonal Violence, 13*, 206-221.

National Center for Missing and Exploited Children (1998). *Child prostitution.* (http://www.missingchildren.com).

National Center for Missing and Exploited Children. (1992). *Female juvenile prostitution: Problem and response.* Washington, DC: National Center for Missing and Exploited Children.

Nixon, K., Tutty, L., Downe, P., Gorkoff, K., & Ursel, J. (2002). The everyday occurrence: Violence in the lives of girls exploited through prostitution. *Violence Against Women, 8,* 1016-1043.

Nixon, K., & Tutty, L. (2003)" That Was My Prayer Every Night - Just To Get Home Safe": Violence In The Lives Of Girls Exploited Through Prostitution. In K. Gorkoff & J. Runner (Eds.*), Being Heard: The Experiences Of Young Women In Prostitution.* Halifax, Ns: Fernwood.

Ontario Association of Children's Aid Societies, (1998). OACAS Response to Bill 18: An act to protect children involved in prostitution. *OACAS Journal, 42*(4), 11-12.

Plumridge, L.W. (2001). Rhetoric, reality and risk outcomes in sex work. *Health, Risk & Society, 3*(2), 199-215.

Potter, K., Martin, J., & Romans, S. (1999). Early developmental experiences of female sex workers: A comparative study. *Australian and New Zealand Journal of Psychiatry, 33*, 935-940.

Pyett, P. & Warr, D. (1999). Women at risk in sex work: Strategies for survival. *Journal of Sociology, 35*, 183-197.

Richard, W., & Growney, T. (2001). Occupational health and safety amongst sex workers: A pilot peer education resource. *Health Education Research: Theory & Practice, 16*(3), 321-333.

Rio, L.M. (1991). Psychological and sociological research and the decriminalization or legalization of prostitution. *Archives of Sexual Behaviour, 20*(2), 205-218.

Rohde, P., Noell, J., Ochs, L. (2001). Depression, suicidal ideation and STD-related risk in homeless older adolescents. *Journal of Adolescence, 24*, 447-460.

Romans, S.E., Potter, K., Martin, J., & Herbison, P. (2001). The mental and physical health of female sex workers: A comparative study. *Australian and New Zealand Journal of Psychiatry, 35*, 75-85.

Schissel, B., & Fedec, K. (1999). The selling of innocence: The gestalt of danger in the lives of youth prostitutes. *Canadian Journal of Criminology, 41*(1), 33-56.

Shaw, I., & Butler, I. (1998). Understanding young people and prostitution: A foundation for practice. *British Journal of Social Work, 28*, 177-196.

Silbert, M.H, & Pines, A.M. (1982). Victimization of street prostitutes. *Victimology: An International Journal, 7*(1-4), 122-133.

Simon, P.M., Morse, E.V., Osefsky, H.J., & Balson, P.M. (1994). HIV and young male street prostitutes: A brief report. *Journal of Adolescence, 17*, 193-197.

Simons, R. L., & Whitbeck, L.B. (1991). Sexual abuse as a precursor to prostitution and victimization among adolescent and homeless women. *Journal of Family Issues, 12*(3), 361-379.

Snell, C.L. (1991). Help-seeking behaviour among young street males. *Smith College Studies in Social Work, 61*, 293-305.

Sullivan, M.L., & Jeffries, S. (2002). Legalization: The Australian experience. *Violence against Women, 8*(9), 1140-1148.

The Task Force on Children Involved in Prostitution (January, 1997). *Children involved in prostitution.* Edmonton, Alberta: Ministry of Family and Social Services.

Tutty, L., & Nixon, K. (2003). "Selling sex? It's really like selling your soul": Vulnerability to and the experience of exploitation through child prostitution. In K. Gorkoff & J. Runner (Eds.*), Being heard: The experiences of young women in prostitution.* Halifax, NS: Fernwood.

Tutty, L. (1998). Mental health issues of abused women: The perceptions of shelter workers. *Canadian Journal of Community Mental Health, 17*(1), 79-102.

Valera, R.J., Sawyer, R., & Schiraldi, G.R. (2001). Perceived health needs of inner-city street prostitutes: A preliminary study. *American Journal of health behaviour, 25*, 50-59.

Vanwesenbeek, I., de Graaf, R., van Zessen, G., Straver, C., & Visser, J.H. (1995). Professional HIV risk taking, levels of victimization, and well-being in female prostitutes in The Netherlands. *Archives of Sexual Behaviour, 24*(5), 503-515.

Watts, C. & Zimmerman, C. (2002). Violence against women: Global scope and magnitude. *The Lancet, 359*, 1232-1237.

Weiner, A. (996). Understanding the social need of streetwalking prostitutes. *Social Work, 41*(1), 97-105.

Williamson, C., & Cluse-Tolar, T. (2002). Pimp-controlled prostitution: Still an integral part of street life. *Violence Against Women, 8,* 1074-1092.

Yacoubian, G.S., Urbach, B.J., Larsen, K.L., Johnson, R.J., & Peters, R.J. (2000). A comparison of drug use between prostitutes and other female arrestees. *Journal of Alcohol & Drug Education, 46*(2), 12-25.

van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1996). *Traumatic stress: The effects of overwhelming experience on mind, body, and society*. New York: Guilford.

APPENDIX A: STAKEHOLDER FOCUS GROUP GUIDE

PROTECTION OF CHILDREN INVOLVED IN PROSTITUTION PROTECTIVE SAFE HOUSE REVIEW
FOCUS GROUPS COMMUNITY STAKEHOLDERS
FEBRUARY 22, 2003

INTRODUCTIONS

I'd like to thank you all for coming. Hi, my name's ________, and I work for R.A. Malatest & Associates Ltd. We have invited you here today on behalf of Alberta Children's Services to discuss issues regarding the Protection of Children Involved in Prostitution (PChIP) safe houses. This focus group is part of a larger research study reviewing the safe house component of PChIP. Information collected in the study will examine the processes and outcomes of the safe houses, as well as identify alternate approaches to service provision and protection of children.

Before we begin our discussion I would like to remind you that your participation in this focus group is strictly voluntary. The session will be audio taped. We tape focus groups so that we don't have to remember everything that is said and to make sure the results we present are accurate. Anything you say will remain confidential—that is, your name will not be associated with anything you say. Does everyone want to continue?

The focus group should take about two hours. My main role is to make sure the discussion stays on track and that everyone has a fair chance to contribute.

Are there any questions before we begin?

PCHIP INVOLVEMENT

- **What is your involvement with your community's PChIP protective safe house? With the issue of children involved in prostitution?**
- **What do you know about the protective safe house and the services it provides?**

CLIENTS' NEEDS AND ACCESS TO SERVICES

- **What are the characteristics of children involved in prostitution in your area? (e.g. age, gender, etc.) What are the characteristics of the clients of the safe houses?**
- **What do you know about the process of exiting prostitution for adolescents in your community? How does/doesn't the protective safe house contribute to this?**
- **What are the presenting issues and needs of the clients?**
- **How do the services at the safe house address the needs of the clients? How effective is the safe house in addressing the needs of the clients?**
- **What usually happens to children and youth after they leave the safe houses?**

IMPACT OF PCHIP LEGISLATION

- To what extent is the PChIP initiative reaching the target audience? Who is not being reached? Why?
- Are you aware of the changes to the PChIP legislation that took effect in March 2001? How have these changes effected the way your organization responds to youth involved in prostitution?
- What is working well with respect to the PChIP legislation? What is not working well?
- Are there unintended consequences of the PChIP legislation? If so, what are they?
- Are there unintended consequences of the protective safe houses and their programs? If so, what are they?
- What are the collective impacts of the safe houses on PChIP?
- What options exist for the provision of services currently mandated under the PChIP Act?
- How do the safe house clients differ from PChIP clients?

GAPS OR METHODS OF IMPROVEMENT, ALTERNATIVES

- What gaps or problems do you see with the services provided by the protective safe house? What possible solutions do you think may be able to eliminate these gaps or problems?
- What gaps or problems do you see with respect to PChIP legislation? What possible solutions do you think may be able to eliminate these gaps or problems?
- What else needs to be available/changed to assist adolescents to exit prostitution?
- Do you know of other effective approaches/programs (best practices) that assist adolescents to exit prostitution or otherwise meet their needs?
- How cost-effective, to your knowledge, is the safe house component of PChIP in relation to other approaches to providing services and protection? How can Alberta Children's Services improve the cost-effectiveness of the protective safe houses currently in operation in Alberta?

CLOSING COMMENTS

Those are all the questions I have. Is there anything that I have missed here today or anything that you were expecting to discuss but that we did not cover?

Thank you for taking part in this focus group. Your comments are greatly appreciated.

APPENDIX B: CLIENT INTERVIEW GUIDE

PROTECTION OF CHILDREN INVOLVED IN PROSTITUTION PROTECTIVE SAFE HOUSE REVIEW

ONE-ON-ONE INTERVIEW GUIDE FOR PROTECTIVE SAFE HOUSE CLIENTS

MARCH 10th, 2003

INTRODUCTIONS

Thanks for agreeing to speak with us today. My name's ________ and I work for a research company, R.A. Malatest & Associates Ltd. We have invited you here today on behalf of Alberta Children's Services to get your opinions and comments about protective safe houses. This interview is part of a larger study to look at how the protective safe houses have been working.

Before we begin our discussion I would like to remind you that you don't have to participate in this interview, and that you can stop at any time. If I ask you a question that you don't want to answer, just let me know and we can skip it. Anything you say will remain confidential—that is, your name will not be linked to anything you say.

Do you have any questions before we begin?

TIME SPENT IN SAFE HOUSE

➢ **Have you been in a protective safe house more than once?**

Probe:

- If "Yes", start interview with first time [preferred] or last time.
- Also establish whether it was always the same protective safe house
  - If "no", ask about differences between the respective protective safe houses
- Also establish time-frame: before or after March 2001

➢ **How many days did you stay in the protective safe house?**

TIME ONE (MOST RECENT STAY): Length of Stay____

TIME TWO (2Nd MOST RECENT): Length of Stay____

TIME THREE (3rd MOST RECENT): Length of Stay____

TIME FOUR (4th MOST RECENT): Length of Stay____

TIME FIVE (5th MOST RECENT): Length of Stay____

➢ **How did you come to be in the protective safe house?** *Questions may be asked several times with respect to:*

- the first time;
- the last time;
- any subsequent times that were memorable

- **What happened during your stay (s)?**

  ***Probe*:**
  - How old were you then?
  - How long did you stay?
  - What programs, services or help did you receive during your stay? (for e.g. What activities did you do? Did you meet with members of other agencies such as AADAC while at the protective safe house?)
    - Were they helpful?
    - Why or why not?
    - What specific aspects/parts of the programs are most helpful?
  - What did you think about being there
  - What was positive? Negative?
  - Were you treated differently than other youth there?
    - Why?
  - How did you get along with the staff?
    - Were they helpful?
    - If "yes", in what ways? If "no", why not?
  - Could anything have been changed to better meet your need

- **Thinking back to when you entered the protective safe house, what did you need the most (e.g. safety, specific programs, etc.) Was that need met?**

- **Did you have any other needs when you arrived? If yes what were they? Were those needs met?**

TIME AFTER STAY IN PROTECTIVE SAFE HOUSE

Do you remember which month(s) and year(s) you were released from the safe house? [COLLECT INFORMATION FOR EACH TIME RELEASED, IF POSSIBLE]

TIME ONE (MOST RECENT STAY): Month____Year____

TIME TWO (2Nd MOST RECENT): Month____Year____

TIME THREE (3rd MOST RECENT): Month____Year____

TIME FOUR (4th MOST RECENT): Month____Year____

TIME FIVE (5th MOST RECENT): Month____Year____

[For EACH OF THOSE TIMES IN 2002 and 2003, TRY TO DETERMINE:]

TIME ONE: Where did you go after being released from the safehouse? [FILL OUT FOR FULL 3 MONTH PERIOD AFTER RELEASE IF POSSIBLE]

Who did you live with? (i.e. parent, guardian, extended family, other adult thru social worker or open placement)	**For how long?** [MONTHS]	**Were you there the whole time?** [Y OR N]	**Where else did you stay during this period of residence?**

TIME TWO: Where did you go after being released from the safehouse? [FILL OUT FOR FULL 3 MONTH PERIOD AFTER RELEASE IF POSSIBLE]

Who did you live with? (i.e. parent, guardian, extended family, other adult thru social worker or open placement)	**For how long?** [MONTHS]	**Were you there the whole time?** [Y OR N]	**Where else did you stay during this period of residence?**

TIME THREE: Where did you go after being released from the safehouse? [FILL OUT FOR FULL 3 MONTH PERIOD AFTER RELEASE IF POSSIBLE]

Who did you live with? (i.e. parent, guardian, extended family, other adult thru social worker or open placement)	**For how long?** [MONTHS]	**Were you there the whole time?** [Y OR N]	**Where else did you stay during this period of residence?**

TIME FOUR: Where did you go after being released from the safehouse? [FILL OUT FOR FULL 3 MONTH PERIOD AFTER RELEASE IF POSSIBLE]			
Who did you live with? (i.e. parent, guardian, extended family, other adult thru social worker or open placement)	**For how long?** [MONTHS]	**Were you there the whole time?** [Y OR N]	**Where else did you stay during this period of residence?**

TIME FIVE: Where did you go after being released from the safehouse? [FILL OUT FOR FULL 3 MONTH PERIOD AFTER RELEASE IF POSSIBLE]			
Who did you live with? (i.e. parent, guardian, extended family, other adult thru social worker or open placement)	**For how long?** [MONTHS]	**Were you there the whole time?** [Y OR N]	**Where else did you stay during this period of residence?**

- **What services did you access or use after leaving the protective safehouse that you had been connected with at the protective safe house?**
  - For example, did you set up appointments or meet any workers at the protective safe house that you kept in contact with afterwards? Who? For how long/how many times did you see them? Are you still seeing them?

- **Did you change in any way as a result of your experience in the protective safe house? If so, how?**

- **Were there any consequences for you having been in the protective safe house?** (I.e. knew how to avoid being apprehended; thought more about exiting prostitution; etc.)

  ***Probe*:**
  - -Were you treated differently by anyone because of your stay in the protective safe house?

PCHIP LEGISLATION

- **In March 2001, they changed the PChIP legislation. Did you know about the changes? Did the changes affect you? If so, how?**
- **Did you ever seek legal support when in the protective safe house?**

  Probe:
  - Why or why not?
  - If yes, was it helpful?

YOUTH WITH MULTIPLE/EXTENDED STAYS

For those with multiple apprehensions:

- **You said you've stayed in a protective safe house more than once. Were your experiences different each time? If so, how?**
- **How did you feel about returning to the protective safe house the 2nd (or 3rd) time? Why did you feel that way?**

For youth who had extended stays:

- **What were the circumstances that led to you staying longer in the protective safe house?**
- **What happened during that time?**
- **What happened when you left the protective safe house after your extended stay?**
- **Did your stay(s) at the protective safe house help you in any way? If so how?**
- **Did your opinions about the protective safe house change the longer you stayed there? If so, how?**
- **Have you had any other experience with mandated stays *(i.e. secure treatment, hospitalization, jail)?***

  Probe:
  - If "yes", how were these different/the same as the extended stay at the protective safe house?
- **What is your opinion about mandated or extended stays, like the ones with PChIP?**

WRAP-UP QUESTIONS

For All Interviewees:

- **What initially lead you to be involved in prostitution?**
- **What would prevent children and youth from becoming involved in prostitution in the first place?**
- **What would help kids and youth that wanted to exit prostitution?**
- **If you had a friend who wanted to exit prostitution, what advice would you give her/him? What would you tell her/him about PChIP and the protective safe houses?**
- **Is there anything else you'd like us to know about the PChIP legislation or the protective safe houses?**

CLOSING COMMENTS

Those are all the questions I have. Is there anything that I have missed here today or anything that you were expecting to discuss but that we did not cover?

Thank you for taking part in this interview. Your comments are greatly appreciated.

APPENDIX C: STAFF INTERVIEW GUIDE

PROTECTION OF CHILDREN INVOLVED IN PROSTITUTION PROTECTIVE SAFE HOUSE REVIEW
FOCUS GROUP / INDIVIDUAL INTERVIEWS WITH PROTECTIVE SAFE HOUSE STAFF
FEBRUARY 22, 2003

INTRODUCTIONS

I'd like to thank you all for coming this evening. Hi, my name's ________, and I work for R.A. Malatest & Associates Ltd. We have invited you here today on behalf of Alberta Children's Services to discuss issues regarding the Protection of Children Involved in Prostitution (PChIP) protective safe houses. As you are aware, this focus group is part of a larger research study reviewing the protective safe house component of PChIP. Information collected in the study will examine the processes and outcomes of the protective safe houses, as well as identify alternate approaches to service provision and protection of children.

Before we begin our discussion I would like to remind you that your participation in this focus group is strictly voluntary. The session will be ***audio taped.*** *We tape focus groups so that we don't have to remember everything that is said and to make sure the results we present are accurate. Anything you say will remain confidential—that is, your name will not be associated with anything you say. Does everyone want to continue?*

The process should take about two hours. My main role is to make sure the discussion stays on track and that everyone has a fair chance to contribute.

Are there any questions before we begin?

INTRODUCTION

- **How long have you worked here and in what capacity?**
- **(FOR MANAGER) What services/programs does your protective safehouse offer? (Compare with list we have been given prior to visit.)**
- **(FOR MANAGER) What are your staffing levels and structure (including any follow-up and other positions)?**
  Probe:
  - *Has this changed over time?*

SECTION 7: CLIENT SERVICES

- **What are the characteristics of the clients in your protective safe house? (i.e. age, gender, racial background, life circumstances)**
- **How do these characteristics impact service delivery**

CLIENT NEEDS

- **What are the clients' needs when they arrive at the protective safe house? How does the protective safe house address these needs?**

- **Do you think that the services currently offered at this protective safe house meet the needs of the clients?**

- **Does each child receive the service in the same manner or is the service tailored to individual need?**

- **Is the amount of time spent with each client (when providing a service) the same?**

- **How do the needs of clients confined for 5 days, 26 days or 47 days differ? How do the services provided by the protective safe houses address these different needs?**

- **Do clients have different needs later on in their stay? How does the protective safe house address these?**

- **What gaps or problems do you see with respect to the services your protective safe house provides?**

- **Should services be revised / modified to better meet the specific characteristics of the client of this protective safe house?**

- **What else needs to be available / changed to assist youth to exit prostitution?**

OUTCOMES AND IMPACTS OF SERVICES

- **How does the stay in the protective safe house impact the clients?**
  Probe:
  - While in the protective safe house?
  - After they leave?

- **What usually happens to children and youth after they leave the protective safe houses?**

- **How does the protective safe house help children and youth exit prostitution?**

- **What percentage of the protective safe house clients do you think reconnects with parents and other family for care and support?**

- **How do you measure / assess the effectiveness of the services you provided to the clients?**

IMPACT OF PCHIP LEGISLATION

- **To what extent is the PChIP initiative reaching the target audience? Who is not being reached? Why?**

- **What is working well with respect to your protective safe house? What is not working well?**

- **What is working well with respect to the PChIP legislation?**

(If the staff member worked at the safe house before March 2001):

- **What has been the impact of the legislation changes in March 2001?**
  Probe:
  - Did your approach to service delivery change? If so, how?
  - Have the numbers of clients changed?
  - Number of readmits changed?
  - Has what happens to the adolescents during their stay changed?
  - Has what happens after they leave the safe house changed?
  - What proportion of the adolescents, if any, utilizes their right to legal representation while in the safe house?

- **How does your community (i.e. police, child welfare, and the general public) respond to your protective safe house and the PChIP legislation?**

- **Besides the impacts on the clients, are there unintended consequences of your protective safe house and its programs and/or the PChIP legislation?**

GAPS OR METHODS OF IMPROVEMENT, ALTERNATIVES

- **Do you see any gaps or problems with the services provided by your protective safe house? If so, what are they?**

- **Other than protective safe houses, do you know of any alternative approaches to helping children and youth exit prostitution?**

- **How can the services provided by the protective safe houses be made more efficient?**

CLOSING COMMENTS

Those are all the questions I have. Is there anything that I have missed here today or anything that you were expecting to discuss but that we did not cover?

Thank you for taking part in this focus group. Your comments are greatly appreciated.

APPENDIX D: FINDINGS FROM ON-SITE FILE DATA REVIEW

Tables 1 to 7 detail the findings from file reviews undertaken at all three of the protective safe houses. Due to changes to the recording of client information across the period studied for the file review (March 15, 2001 to the time of the documentation review in March 2003), as well as across the three protective safe houses, it was not possible to record all information with a high degree of accuracy. In addition, when clients received resources or information in an informal manner such as through group or one-on-one discussions with frontline staff, not all incidences were recorded in client files. Some file information with respect to programming and services given to clients was only available through daily logs, which were not comprehensively reviewed due to their length, inconsistency and the informality of their format. However, the file review does present some general trends and findings that may be indicative of the services and resources offered to children. It should be noted that some of the services and information sources are site-specific, such as street outreach services in Lethbridge.

Table 1 demonstrates information collected from files with regard to the formal education and information services received by PSH clients across all of the 170 stays reviewed (March 2001 to point of review). Some of these stays were of clients with repeat stays.

Table 1
PChIP File Data on Services
Education/Information Services Obtained by PSH Clients During Stays
All Sites (for all Stays)

Education/Information	# of Clients Noted in Files Reviewed to Have Received Service	% of Clients Noted in Files Reviewed to Have Received Services
Drugs & Alcohol	86	50.6%
Drug Awareness	78	45.9%
Prostitution/ Exploitation	77	45.3%
Community Supports	70	41.2%
Sex Education	58	34.1%
Diet/Nutrition	57	33.5%
Personal Hygiene	56	32.9%
Selfcare/Safety	55	32.4%
Self-esteem Issues	53	31.2%
HIV/AIDS/Hep A,B,C	53	31.2%
Peer Pressure	51	30.0%
Harm Reduction	50	29.4%
Needles	27	15.9%
Skills Training	9	5.3%
Journals	8	4.7%
Yoga	2	1.2%
Counseling	2	1.2%
Peer Conflict	1	0.6%
Total	**793**	**62.9%***

N = 170
Source: Administrative Data/Client Files at Respective Safe Houses
*Total percentage is total percent of all client stays that undertook some education or information listed in PSH client files

Table 2 demonstrates the overall trends in the extent to which client stays involved referrals and the use of outside resources.

Table 2
PChIP File Data on Referrals/Resources
Referrals/Resources

Referrals/Resources	# of Clients Noted in Files Reviewed to Have Received Referral or Resources	% of Clients Noted in Files Reviewed to Have Received Referral or Resources
AADAC Youth Services	110	64.7%
Legal Aid	109	64.1%
Children's Advocate	82	48.2%
CFUW Worker	75	44.1%
Spiritual Resource	46	27.1%
ICYHP/Crossroads/Safe-house	44	25.9%
Sexual Health Educator	41	24.1%
Education Tutor	40	23.5%
Survivors	39	22.9%
Cultural Resource	32	18.8%
Child Welfare	29	17.1%
Aboriginal/Street/HIV	27	15.9%
Art Therapist	26	15.3%
HIV Edmonton (Edmonton)	18	10.6%
Street Teams (Edmonton)	13	7.6%
Outreach Worker/Social Worker	11	6.5%
KAIROS II	9	5.3%
Exit homes/Group homes	8	4.7%
Nurse/Doctor	5	2.9%
Health for Two	4	2.4%
Reflexology	3	1.8%
Psychologist/AMH	3	1.8%
PChIP Worker	1	0.6%
Ywise Choice	1	0.6%
TRAC (Lethbridge)	1	0.6%
Total	**777**	**81.8%***

N = 170
Source: Administrative Data/Client Files at Respective Safe Houses
*Total percentage is total percent of all client stays that undertook some resources or referrals listed in PSH client files

Table 3 and Table 4 demonstrate the education and information services and resources/referrals received by clients by duration of stay.

Table 3
PChIP File Review
Education/Information Received By Clients by Duration of Stay

Education/ Information	Duration of Stay		
	% of Client Stays by Duration to Receive Education: 1 to 5 days stays	% of Client Stays by Duration to Receive Education: 6 to 26 days stays	% of Client Stays by Duration to Receive Education: 27 to 47 days stays
Drugs & Alcohol	50.9%	48.4%	61.9%
Drug Awareness	40.4%	48.4%	52.4%
Prostitution/ Exploitation	40.4%	46.2%	57.1%
Community Supports	33.3%	45.1%	47.6%
HIV/AIDS/Hep.A,B,C	17.5%	38.5%	38.1%
Sex Education	22.8%	37.4%	52.4%
Diet/Nutrition	26.3%	34.1%	52.4%
Self-esteem Issues	26.3%	34.1%	33.3%
Selfcare/Safety	31.6%	33.0%	33.3%
Personal Hygiene	33.3%	30.8%	42.9%
Harm Reduction	24.6%	30.8%	38.1%
Peer Pressure	22.8%	30.8%	47.6%
Needles	7.0%	19.8%	23.8%
Journals	3.5%	5.5%	4.8%
Skills Training	3.5%	5.5%	4.8%
Yoga	0%	2.2%	0%
Counseling	3.5%	0%	0%
Peer Conflict	1.8%	0%	0%
Total	**33.7%**	**53.8%**	**12.4%**

N = 169
Source: Administrative Data/Client Files at Respective Safe Houses

Table 4
PChIP File Review
Referrals/Resources Received by Clients by Duration of Stay

Referrals/Resources	Duration of Stay		
	% of Clients Who Received Referral or Resources : 1 to 5 day stays	% of Clients Who Received Referral or Resources: 6 to 26 day stays	% of Clients Who Received Referral or Resources: 27 to 47 day stays
AADAC Youth Services	54.4%	70.3%	66.6%
Legal Aid	56.1%	68.1%	71.4%
Children's Advocate	49.1%	46.2%	57.1%
CFUW Worker	38.6%	46.2%	52.4%
Spiritual Resource	14.0%	31.9%	42.9%
Education Tutor	8.8%	29.7%	38.1%
Survivors	7.0%	28.6%	42.9%
ICYHP/Crossroads/Safe-house	19.3%	27.5%	38.1%
Sexual Health Educator	10.5%	27.5%	47.6%
Cultural Resource	8.8%	24.2%	23.8%
Child Welfare	7.0%	20.9%	28.6%
Aboriginal/Street/HIV	1.8%	19.8%	38.1%
Art Therapist	5.3%	18.7%	28.6%
HIV Edmonton	3.5%	12.1%	23.8%
Street Teams	5.3%	8.8%	9.5%
Outreach Worker/Social Worker	5.3%	6.6%	9.5%
Exit homes/Group homes	3.5%	4.4%	9.5%
KAIROS II	8.8%	3.3%	4.8%
Health for Two	3.5%	2.2%	0%
Psychologist/AMH	3.5%	1.1%	0%
Reflexology	0%	1.1%	9.5%
Ywise Choice	0%	1.1%	0%
TRAC	0%	1.1%	0%
Nurse/Doctor	1.8%	0%	14.3%
PChIP Worker	0%	0%	4.8%
Total	**33.7%**	**53.4%**	**14.2%**

N = 169
Source: Administrative Data/Client Files at Respective Safe Houses

Tables 5 and 6 detail education/information and resources/referrals by PSH site.

Table 5
PChIP Statistics
Education/Information by Site

Education/Information	Site					
	Edmonton	% of Client Stays	Calgary	% of Client Stays	Lethbridge	% of Client Stays
Drugs & Alcohol	85	93.4%	1	%	0	0%
Drug Awareness	78	85.7%	0	0%	0	0%
Prostitution/ Exploitation	77	84.6%	0	0%	0	0%
Community Supports	70	76.9%	0	0%	0	0%
Sex Education	58	63.7%	0	0%	0	0%
Diet/Nutrition	57	62.6%	0	0%	0	0%
Personal Hygiene	56	61.5%	0	0%	0	0%
Selfcare/Safety	54	59.3%	1	6.7%	0	0%
Self-esteem Issues	53	58.2%	0	0%	0	0%
HIV/AIDS/Hep.A,B,C	53	58.2%	0	0%	0	0%
Peer Pressure	51	56.0%	0	0%	0	0%
Harm Reduction	50	54.9%	0	0%	0	0%
Needles	27	29.7%	0	0%	0	0%
Counselling	1	1.1%	1	6.7%	0	0%
Peer Conflict	0	0%	1	6.7%	0	0%
Yoga	0	0%	2	13.3%	0	0%
Journals	0	0%	8	53.3%	0	0%
Skills Training	0	0%	8	53.3%	1	100%
Total Clients	**91**		**15**		**1**	

N = 107
Source: Administrative Data/Client Files at Respective Safe Houses

Table 6
PChIP Statistics
Referrals/Resources by Site

Referrals/Resources	**Site**					
	Edmonton	% of Client Stays on Site	**Calgary**	**% of Client Stays on Site**	**Lethbridge**	**% of Client Stays on Site**
AADAC Youth Services	84	91.3%	24	58.5%	2	33.3%
Legal Aid	83	90.2%	21	51.2%	5	83.3%
Children's Advocate	82	89.1%	0	0%	0	0%
CFUW Worker	75	81.5%	0	0%	0	0%
Spiritual Resource	46	50.0%	0	0%	0	0%
ICYHP/Crossroads/Safe-house	41	44.6%	3	7.3%	0	0%
Sexual Health Educator	40	43.5%	0	0%	1	16.7
Survivors	39	42.4%	0	0%	0	0%
Education Tutor	35	38.5%	5	12.2%	0	0%
Cultural Resource	31	33.7%	1	2.4%	0	0%
Child Welfare	29	31.5%	0	0%	0	0%
Aboriginal/Street/HIV	27	29.3%	0	0%	0	0%
Art Therapist	26	28.3%	0	0%	0	0%
HIV Edmonton	18	19.6%	0	0%	0	0%
KAIROS II	9	10.0%	0	0%	0	0%
Health for Two	4	4.3%	0	0%	0	0%
Reflexology	3	3.3%	0	0%	0	0%
Nurse/Doctor	1	1.1%	2	4.9%	2	33.3%
Exit homes/Group homes	1	1.1%	7	17.1%	0	0%
Outreach Worker/Social Worker	0	0%	10	24.4%	1	16.7%
Street Teams	0	0%	13	31.7%	0	0%
PChIP Worker	0	0%	1	2.4%	0	0%
Psychologist/AMH	0	0%	1	2.4%	2	33.3%
Ywise Choice	0	0%	0	0%	1	16.7%
TRAC	0	0%	0	0%	1	16.7%
Total Clients	**92**		**41**		**6**	

N = 139
Source: Administrative Data/Client Files at Respective Safe Houses

File reviews at the three protective safe houses were undertaken to determine, according to PSH staff, to whom clients were released following their stays at the protective safe houses during the calendar year 2002. This data is demonstrated in Table 7.

Table 7
All Client Stays - Location of Release - Calendar Year 2002
From PSH File Reviews

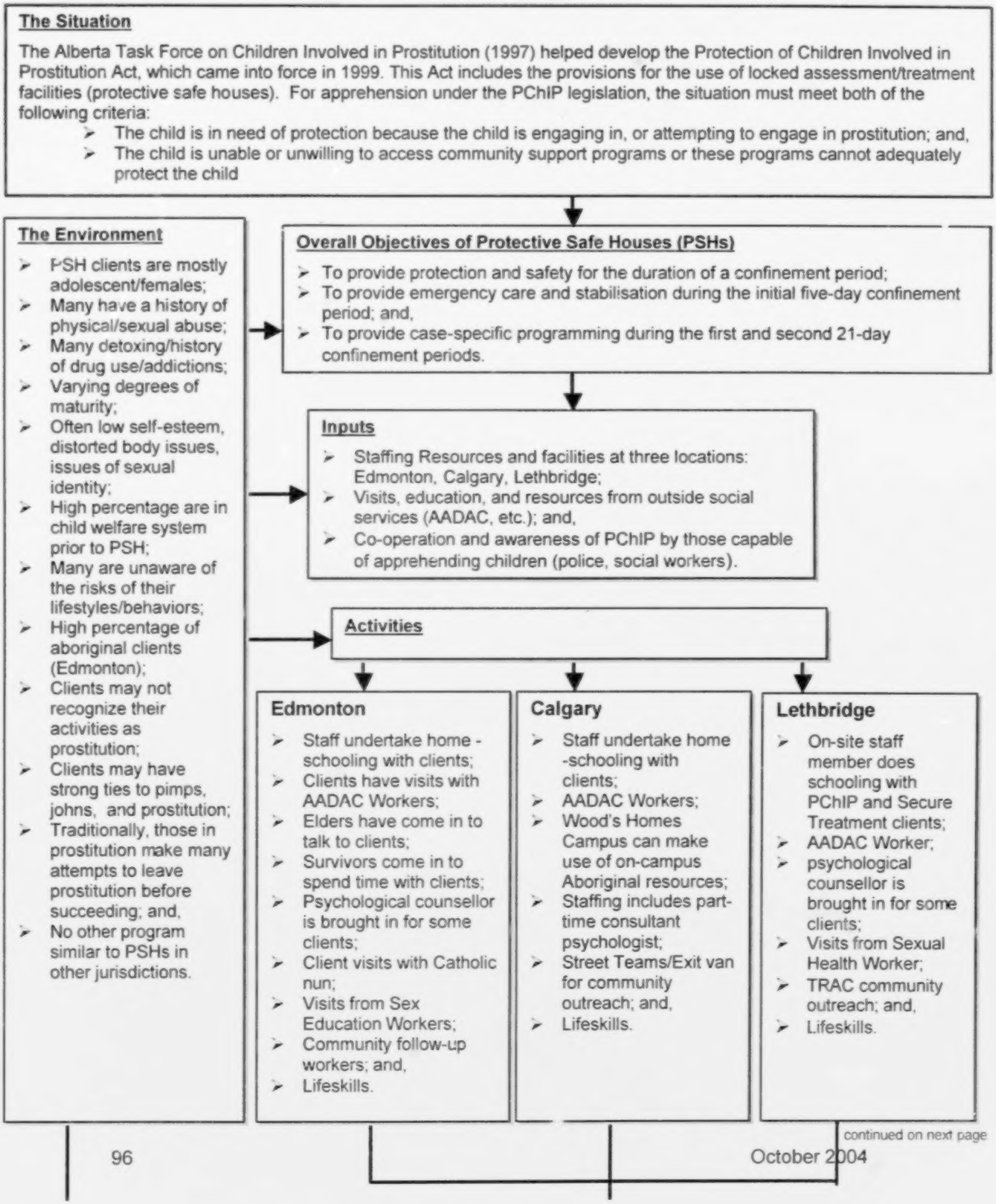
Location of Release	Number of Cases	%
A Parent	**13**	**17.8%**
A Guardian	**1**	**1.4%**
Foster Family	1	1.4%
An Extended Family Member	**1**	**1.4%**
Responsible Adult Approved by a Social Worker	**0**	**0%**
Open Placement	**51**	**69.9%**
Group Home	6	8.2%
Secure Treatment	1	1.4%
Safehouse (other than PSH)	7	9.6%
TTP (CSS)	1	1.4%
Yellowhead Youth Centre (YYC)	6	8.2%
Inner City Youth Housing Project	4	5.5%
Project Trust	1	1.4%
Youth Shelter	1	1.4%
Safe Haven	3	4.1%
Grimmon House	4	5.5%
Gemma House	2	2.7%
Eleanor's House	2	2.7%
Hillhurst	1	1.4%
Radium	1	1.4%
Catalyst Program	1	1.4%
Chimo Healing Home	2	2.7%
Day Program and Group Home	1	1.4%
Support Home/AADAC Day Program	1	1.4%
Home, then to Boys and Girls Club (SIL Program)	1	1.4%
PSH	4	5.5%
Supported Independent Living	1	1.4%
Other	**7**	**9.6%**
Location of Release	**Number of Cases**	**%**
AWOL	5	6.8%
Police custody	2	2.7%
Total	**73**	**100.2%**

N=73

Note: Percentages may add to more than 100% due to rounding

APPENDIX E: LOGIC MODEL

PChIP Protective Safe House Logic Model



The Situation

The Alberta Task Force on Children Involved in Prostitution (1997) helped develop the Protection of Children Involved in Prostitution Act, which came into force in 1999. This Act includes the provisions for the use of locked assessment/treatment facilities (protective safe houses). For apprehension under the PChIP legislation, the situation must meet both of the following criteria:

- The child is in need of protection because the child is engaging in, or attempting to engage in prostitution; and,
- The child is unable or unwilling to access community support programs or these programs cannot adequately protect the child

The Environment

- PSH clients are mostly adolescent/females;
- Many have a history of physical/sexual abuse;
- Many detoxing/history of drug use/addictions;
- Varying degrees of maturity;
- Often low self-esteem, distorted body issues, issues of sexual identity;
- High percentage are in child welfare system prior to PSH;
- Many are unaware of the risks of their lifestyles/behaviors;
- High percentage of aboriginal clients (Edmonton);
- Clients may not recognize their activities as prostitution;
- Clients may have strong ties to pimps, johns, and prostitution;
- Traditionally, those in prostitution make many attempts to leave prostitution before succeeding; and,
- No other program similar to PSHs in other jurisdictions.

Overall Objectives of Protective Safe Houses (PSHs)

- To provide protection and safety for the duration of a confinement period;
- To provide emergency care and stabilisation during the initial five-day confinement period; and,
- To provide case-specific programming during the first and second 21-day confinement periods.

Inputs

- Staffing Resources and facilities at three locations: Edmonton, Calgary, Lethbridge;
- Visits, education, and resources from outside social services (AADAC, etc.); and,
- Co-operation and awareness of PChIP by those capable of apprehending children (police, social workers).

Activities

Edmonton

- Staff undertake home-schooling with clients;
- Clients have visits with AADAC Workers;
- Elders have come in to talk to clients;
- Survivors come in to spend time with clients;
- Psychological counsellor is brought in for some clients;
- Client visits with Catholic nun;
- Visits from Sex Education Workers;
- Community follow-up workers; and,
- Lifeskills.

Calgary

- Staff undertake home-schooling with clients;
- AADAC Workers;
- Wood's Homes Campus can make use of on-campus Aboriginal resources;
- Staffing includes part-time consultant psychologist;
- Street Teams/Exit van for community outreach; and,
- Lifeskills.

Lethbridge

- On-site staff member does schooling with PChIP and Secure Treatment clients;
- AADAC Worker;
- psychological counsellor is brought in for some clients;
- Visits from Sexual Health Worker;
- TRAC community outreach; and,
- Lifeskills.

continued on next page

Outcomes

Short Term

- Clients get sleep, food, warmth, safety;
- Clients are assessed for health issues;
- Clients afforded time of introspection;
- Clients become aware of dangers of drug use, prostitution, street life;
- Clients made aware of resources/make contact with community workers;
- Clients spend time with sympathetic staff, gain self-esteem, and observe good role modelling; and,
- Clients may go through detoxification.

Medium Term

- Decreased availability of children for johns;
- Clients may access services in community after release;
- Clients may act on positive decisions on life-style changes made in PSH;
- Clients may reconnect with parents or other stable placements; and,
- Outreach sources steering kids into resources.

Long Term

- Reduction in level of exploitation of children through prostitution in Alberta;
- Alberta children have increased safety and awareness of potential dangers of street life, prostitution etc.;
- Increased exposure to issue of child prostitution in general public, police, community services, children and others; and,
- Increased teamwork and information sharing among social service agencies.

Indicators

- Performance Measure - # of clients who, upon release from PSH demonstrate a reasonable degree of stability for 90 days (no AWOL>3 days, no police custody etc.);
- Degree of usage of community resources after release; and,
- Fewer children involved in prostitution.